



DEPARTMENT OF THE AIR FORCE  
AIR EDUCATION AND TRAINING COMMAND  
Keesler AFB, MS 39534

13 SEPTEMBER 2013

MEMORANDUM FOR 81 MDG/SGH  
ATTN: RISK MANAGEMENT

FROM: 81 MDSS/SGST

SUBJECT: Certification of Clinical Record

I hereby certify that the attached is a true copy of the clinical record, containing a total of 176 pages plus the cover sheet, pertaining to **COTTON, TONI D, 417-17-3405, 27 DEC 1994** kept in our office in my custody. I am the legal custodian and keeper of said record. I further certify that said record was made in the regular course of business, and that it was in the regular course of said office for such record to be made at the time of the events, transactions, or occurrences to which they refer or within a reasonable time thereafter.

  
LINDSEY DORSETT, CTR, USAF  
Records Custodian

For Official Use Only  
This information must be protected under the Privacy Act and AFI 33-332  
Privacy Act Program, para 7.3. and DOD 5400.7-R,  
Freedom of Information Act, AF Sup 1 para C.4.3.3.

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MTF: KEESLER MED CEN KEESLER AFB MS (AETC) 26 Apr 2012@1223 Page 1  
 PERSONAL DATA - PRIVACY ACT OF 1974

RECORD OF INPATIENT TREATMENT  
 REGISTER: 0664608 NAME: COTTEN, TONI D FMP/SSN: 02/417-17-3405

### ADMISSION

DATE/TIME: 26 Feb 2012@1207 SOURCE: DIR CLIN SVC: GEN SUR/ABAA  
 SEX: F DOB: 27 Dec 1994

### DISPOSITION

DATE/TIME: 27 Feb 2012@1000 TYPE: HOME CLIN SVC: GEN SUR/ABAA  
 AGE: 17

### DIAGNOSES

DX 1. Principal DX: V5489  
 Orthopedic aftercare

### PROCEDURES

PR 1. Principal PR: NO PROCEDURES ON FILE

I CERTIFY THAT THE IDENTIFICATION OF THE PRINCIPAL AND SECONDARY DIAGNOSES  
 AND PROCEDURES PERFORMED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

ATTENDING PROVIDER

SCOTT A EISENHUTH, CAPT, USAF, MC

Provider Taxonomy: 207X00000X  
 ALLOPATHIC & OSTEOPATHIC PHYSICIANS/ORTHOPAEDIC SURGERY

DRG: 561 AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/

MDC: 8 DISEASES & DISORDERS OF THE MU

### SELECTED ADMINISTRATIVE DATA

ADMISSION:

PATIENT CATEGORY: USAF FAM MBR AD  
 MARITAL STATUS: SINGLE, NEVER MARRIED  
 DUTY ZIP:  
 MTF TRANS FROM:  
 MTF OF INITIAL ADM:

PAY GRADE:  
 RACE: BLACK  
 ETHNIC: OTHER  
 RELIGION: CHRISTIAN NON-DENOMINA  
 INIT ADM DATE:

DISPOSITION:

MTF TRANS TO:  
 ICU CLINICAL SVC:  
 BED DAYS OTHER FEDERAL FACILITIES:

AUTOPSY:  
 ICU DAYS SPENT: 0  
 MEDICAL HOLD DAYS:

REGISTER: 0664608 NAME: COTTEN, TONI D FMP/SSN: 02/417-17-3405

REPLACES AF FORM 565, DA FORM 3647, NAVMEDCOM 6300/5

\*\*\* CONTINUED ON PAGE 2 \*\*\*

MTF: KEEBLER MED CEN KEEBLER AFB MS (AETC)

26 Apr 2012@1223 Page 2

PERSONAL DATA - PRIVACY ACT OF 1974

## RECORD OF INPATIENT TREATMENT

REGISTER: 0664608 NAME: COTTEN, TONI D

FMP/SSN: 02/417-17-3405

BED DAYS CIVILIAN HOSPITALS:

COOPERATIVE CARE DAYS: 0

BED DAYS THIS MTF: 1

SUPPLEMENTAL CARE DAYS: 0

TOTAL SICK DAYS THIS MTF: 1

CONVALESCENT LEAVE TAKEN: 0

RECOMMENDED: 0

\* \* \* \* \*

OTHER:

SPONSOR NAME: BARTEE, LYNNITA M

MATERNAL/NEWBORN REGISTER:

DUTY ADDRESS:

EMERGENCY ADDRESSEE:

PATIENT ADDRESS:

RELATIONSHIP: MOTHER OF PATIENT

16034 S APRIL DR

NAME: LYNNITA BARTEE

GULFPORT, MS 39503-4174

ADDRESS: 16034 S APRIL DR

GULFPORT, MS 39503

PHONE: 2284245975

BLOOD USED (Y/N): N

PREV ADMISSION THIS MTF: Y

BLOOD PRODUCTS:

UNITS:

TRAUMA CODE:

CAUSE OF INJURY:

INJURY REMARKS:

REGISTER: 0664608 NAME: COTTEN, TONI D

FMP/SSN: 02/417-17-3405

REPLACES AF FORM 565, DA FORM 3647, NAVMEDCOM 6300/5

\*\*\* End of Report \*\*\*

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: COTTEN, TONI D  
Treatment Facility: 81ST MEDICAL  
GROUP  
Patient Status: Outpatient

Date: 17 Jul 2013 0800 CDT  
Clinic: ONCOLOGY/HEMATOLOGY  
CLINIC

Appt Type: EST  
Provider: ROBERTS, OWEN W

AutoCites Refreshed by ROBERTS, OWEN W @ 17 Jul 2013 0832 CDT

Allergies  
•No Known Allergies

## Vitals

Vitals Written by VALENZUELA, DENISE @ 17 Jul 2013 0824 CDT

BP: 107/75, HR: 71, T: 97.9 °F, HT: 64 in, WT: 124.0 lbs, SpO<sub>2</sub>: 98%, BMI: 21.29, BSA: 1.596 square meters,  
Tobacco Use: No, Alcohol Use: No, Pain Scale: 0 Pain Free

## Reason for Appointment:

Tox Check

## Appointment Comments:

dgv

G0 P0. LMP: 02 Jun 2012.

## Vitals

Vitals Written by VALENZUELA, DENISE AIC @ 17 Jul 2013 0824 CDT

BP: 107/75, HR: 71, T: 97.9 °F, HT: 64 in, WT: 124.0 lbs, SpO<sub>2</sub>: 98%, BMI: 21.29, BSA: 1.596 square meters,

Tobacco Use: No, Alcohol Use: No, Pain Scale: 0 Pain Free

A/P Written by ROBERTS, OWEN W @ 23 Aug 2013 1211 CDT

## 1. Sickle cell thalassemia

Medication(s):

-ACETAMINOPHEN 500MG ORAL TAB (TYLENOL)-- T1-2 TB Q6H PRN FOR PAIN (MAX 8 TB  
DAILY, AVOID PRODUCTS CONTAINING TYLENOL) #100 RF3 Qt: 100 Rf: 3  
-IBUPROFEN 600MG--PO 600MG TAB - T1 TAB PO Q6H PRN FOR PAIN #60 RF3 Qt: 60 Rf: 3

Disposition Written by ROBERTS, OWEN W @ 23 Aug 2013 1211 CDT

Released w/o Limitations

Follow up: 1 to 2 month(s) in the ONCOLOGY/HEMATOLOGY CLINIC clinic or sooner if there are problems.

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Note Written by ROBERTS, OWEN W @ 23 Aug 2013 1210 CDT

## Chief Complaint

Follow-up Sickle-Beta (0) Thalassemia

## History of present illness

18 year old female with known Sickle-Beta (0) Thalassemia, for which she is on Hydrea (currently 2000 mg/day), who presents today for follow-up. Patient has been seen by me since ~Aug 2012 and was last seen by me in clinic in May 2013. Patient remains on 2000 mg of Hydrea (in divided doses) daily, a dose which she has been on since ~Jan 2013. She continues to tolerate the medication (and the current dose) and denies any problems with the medication, including no fatigue, mouth sores, leg ulcers, diarrhea or other symptoms. Patient also denies having any bleeding symptoms, including no blood in stool, melena, epistaxis, or gum bleeding, and also denies having any recent or recurrent infections. Patient has, in the past, had some self-admitted noncompliance, but patient's compliance has been improved since she began seeing me (per pt). Patient with sporadic joint/bone pains, but she denies any significant increase in severity or frequency of these. She does request refills of Tylenol and Ibuprofen, which she takes for her various aches. Otherwise, patient still with occasional, non-exertional, brief, transient chest pains, but no shortness of breath noted. N noted cough either. No fevers, chills, night sweats, or recent unexplained weight loss. No nausea, vomiting, or abdominal pain.

Name/SSN: COTTEN, TONI D/602901058

Sex: F  
FMP/SSN: 02/417173405  
DOB: 27 Dec 1994  
PCat: F41 USAF FAM MBR AD  
MC Status: TRICARE PRIME (CHAMPUS)  
Insurance: No

Tel H: 228-424-5975  
Tel W:  
CS:  
Status:

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
Rank: MASTER SERGEANT  
Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)  
Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS  
PCM: VOEGELE, LAURA L  
Tel. PCM: 376.0402.376.2550

## CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS  
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505

USA 4 of 8

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
17 Jul 2013 0800	Facility: F2853	Clinic: ONCOLOGY/HEMATOLOGY CLINIC	Provider: ROBERTS,OWEN W

Encounter Background

Diagnosis: Sickie-Beta (0) Thalassemia  
 -- Pt has reportedly auto-infarcted her spleen  
 -- Pt has received ~5 units of pRBCs previously

Treatment:

1. Hydrea -- Currently, 1000 mg PO BID.

ECOG PS: 0

Past medical/surgical history

Sickle cell anemia  
 -- Pt has reportedly auto-infarcted her spleen  
 -- Pt has received ~5 units of pRBCs previously

Headaches/migraines  
 -- Has been put on Topamax by a Neurologist

Decompression of left femoral head following AVN (Feb 2012)  
 Wisdom teeth removal.

Allergies: NKDA

Medications (Reconciled):

Hydroxyurea 1000mg PO BID  
 Folic acid 1mg PO daily  
 Motrin 600mg PO q6h PRN pain  
 Tylenol PO PRN  
 Topamax 25mg PO daily

Social history

Tobacco: None.  
 EtOH: None.

Family History

Pts father had sickle cell trait, and Mother has thalassemia trait.

Review of systems

**Systemic symptoms:** No fever, no chills, and no night sweats. No recent wt changes. No new lumps or bumps.

**Head symptoms:** No headache.

**Eye symptoms:** No worsening vision.

**Cardiovascular symptoms:** No chest pain or discomfort and no palpitations. No limb swelling.

**Pulmonary symptoms:** No dyspnca. No cough.

**Gastrointestinal symptoms:** Normal appetite, no nausea, no vomiting, no abdominal pain, no bright red blood per rectum, and no diarrhea or constipation.

**Genitourinary symptoms:** No hematuria. No incontinence.

**Neurological symptoms:** No limb weakness and no tingling of the feet.

**Hematologic:** No easy bruising or easy bleeding. No bleeding gums. No epistaxis.

Name/SSN: COTTEN, TONI D/602901058

Sex: F  
 FMP/SSN: 02/417173405  
 DOB: 27 Dec 1994  
 PCat: F41 USAF FAM MBR AD  
 MC Status: TRICARE PRIME (CHAMPUS)  
 Insurance: No

Tel H: 228-424-5975  
 Tel W:  
 CS:  
 Status:

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
 Rank: MASTER SERGEANT  
 Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)  
 Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS  
 PCM: VOEGELE, LAURA L  
 Tel. PCM: 376.0402, 376.2550

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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USA 5 of 8

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
17 Jul 2013 0800	Facility: F2853	Clinic: ONCOLOGY/HEMATOLOGY CLINIC	Provider: ROBERTS,OWEN W

Psychological symptoms: Energy normal. Mood "fine."

Skin symptoms: No skin lesions and no rash.

#### Physical findings

##### Vital signs:

° Current vital signs reviewed. See above in AHLTA note.

##### General appearance:

° Awake. ° Alert. ° Oriented to time, place, and person. ° Well developed. ° Well nourished. ° In no acute distress.

##### HEENT:

PERRL. EOML

Normocephalic. Atraumatic.

No active epistaxis or bleeding gums.

##### Neck:

Supple. No masses. No lymphadenopathy.

##### Lungs:

• No intercostal inspiratory retraction was observed. Clear to auscultation bilaterally • No Wheezing was heard.

• No Rhonchi were heard. • No rales/crackles heard.

##### Cardiovascular system:

Heart Rate And Rhythm: ° Normal.

Heart Sounds: ° S1 normal. ° S2 normal.

Murmurs: ° No murmurs were heard.

Arterial Pulses: ° Normal.

Edema: ° Not present.

##### Abdomen:

Visual Inspection: Normal. ° Abdomen was not distended.

Auscultation: ° Bowel sounds were normal.

Palpation: ° Abdomen was soft. ° No abdominal tenderness. ° No mass was palpated in the abdomen.

Hepatic Findings: ° Liver was not enlarged.

Splenic Findings: ° Spleen was not enlarged.

##### Neurological:

° Level of consciousness was normal.

##### Psychiatric Exam:

° Affect was normal.

##### Skin:

° Turgor was normal. ° Showed no generalized erythema. ° Showed no ecchymosis.

#### Lab Results

Date	Hgb S	Hgb A	Hgb A2	Hgb F
20 May 2013 1029	72.7	0	5.0	22.3
18 Mar 2013 1156	64.4	0	4.2	31.4
17 Jan 2013 1306	65.7	0	4.4	29.9
29 Nov 2012 1037	74.1	0	5.2	20.7
06 Sep 2012 1033	76.8	0	5.7	17.5
06 Aug 2012 1357	76	0	5.5	18.5
18 Apr 2012 1134	78.1	0	5.4	16.5
11 Apr 2012 0730	77.8	0	5.4	16.8
14 Mar 2012 1038	76.9	0	5.6	17.5
11 Jan 2012 1258	77	0	5.5	18.2

Name/SSN: COTTEN, TONI D/602901058

Sex: F

Sponsor/SSN: BARTEE, LYNNITA M/417173405

EMP/SSN: 02/417173405

Tel H: 228-424-5975

Rank: MASTER SERGEANT

DOB: 27 Dec 1994

Tel W:

Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)

PCat: F41 USAF FAM MBR AD

CS:

Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS

MC Status: TRICARE PRIME (CHAMPUS)

Status:

PCM: VOEGELE, LAURA L

Insurance: No

Tel. PCM: 376.0402.376.2550

#### CHRONOLOGICAL RECORD OF MEDICAL CARE

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FIRM (41 CFR) 201-45.505

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
17 Jul 2013 0800	Facility: F2853	Clinic: ONCOLOGY/HEMATOLOGY CLINIC	Provider: ROBERTS, OWEN W

07 Sep 2011 1224	62.6	0	4	33.4
10 Aug 2011 1106	69.8	0	5.2	25
08 Dec 2010 1256	70.2	12	5.5	12.3
30 Jun 2010 1206	79.3	0	5.6	15.1
14 Feb 2010 0600	75.4	0	5.4	19.2

Comprehensive Metabolic Panel	Site/Specimen	17 Jul 2013 0907	Units	Ref Rng
Albumin PLASMA	4.8 g/dL	(3.5-5.2)		
Bilirubin PLASMA	1.1 mg/dL	(0.0-1.1)		
Calcium PLASMA	9.7 mg/dL	(8.4-10.2)		
Carbon Dioxide PLASMA	23.2 mmol/L	(22-29)		
Chloride PLASMA	102 mmol/L	(98-107)		
Creatinine PLASMA	0.5 mg/dL	(0.5-1.2)		
Glucose PLASMA	85.1 mg/dL	(70-115)		
Alkaline Phosphatase PLASMA	73 U/L	(40-130)		
Potassium PLASMA	4.0 mmol/L	(3.4-4.5)		
Protein PLASMA	8.3 (H) g/dL	(6.0-8.0)		
Sodium PLASMA	138 mmol/L	(136-145)		
Alanine Aminotransferase PLASMA	15 U/L	(10-50)		
Aspartate Aminotransferase PLASMA	30 U/L	(10-50)		
Urea Nitrogen PLASMA	5.7 (L) mg/dL	(6-20)		

CBC W/Diff+Reticulocytes	Site/Specimen	17 Jul 2013 0907	Units	Ref Rng
WBC BLOOD	7.8 x10(3)/mcL	(4.5-12.5)		
RBC BLOOD	3.89 x10(6)/mcL	(3.8-5.3)		
Hemoglobin BLOOD	9.5 (L) g/dL	(11.5-15.0)		
Hematocrit BLOOD	30.6 (L) %	(36.0-47.0)		
MCV BLOOD	78.6 (L) fL	(80.0-96.0)		
MCH BLOOD	24.4 pg	(23.0-34.0)		
MCHC BLOOD	31.0 g/dL	(31.0-37.0)		
RDW CV BLOOD	25.3 (H) %	(11.5-14.5)		
Platelets BLOOD	395 x10(3)/mcL	(150-450)		
MPV BLOOD	8.6 fL	(7.4-10.4)		
Neutrophils BLOOD	53.0 (H) %	(25.5-52.0)		
Basophils BLOOD	0.0 %	(0-2)		
Lymphocytes BLOOD	38.0 %	(33.0-45.0)		
Monocytes BLOOD	6.0 %	(0-7.0)		
Eosinophils BLOOD	3.0 %	(0-5.5)		
Hypochromia BLOOD	1+			
Anisocytosis BLOOD	3+			
Slide Box BLOOD	STORED 3	SLOT #		
Comment BLOOD	SICKLE CELLS - NOTED			
Comment 2	BLOOD H-J BODIES - NOTED			
Comment 3	BLOOD TARGET CELLS 2+			
Comment 4	BLOOD POLYCHROMASIA 1+			
Comment 5	BLOOD BASO STP - NOTED <g>			
WBC Estimate BLOOD	WBC Estimation Performed			
WBC Estimate BLOOD	Blood smear reviewed, results verified			
WBC Estimate BLOOD	Diff/morphology microscopically verified			
Nucleated RBC/100 WBC BLOOD	30 (H) /100 WBCs	(0-1)		
Cell Count BLOOD	100 WBC'S			
Reticulocytes BLOOD	NP <g> x10(9)/L	(18.2-143.0)		
Reticulocytes/1000 RBCs BLOOD	5.7 (H) %	(0.5-2.6)		

Name/SSN: COTTEN, TONI D/602901058

FMP/SSN: 02/417173405	Sex: F	Sponsor/SSN: BARTEE, LYNNITA M/417173405
DOB: 27 Dec 1994	Tel H: 228-424-5975	Rank: MASTER SERGEANT
PCat: F41 USAF FAM MBR AD	Tel W:	Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)
MC Status: TRICARE PRIME (CHAMPUS)	CS:	Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS
Insurance: No	Status:	PCM: VOEGELE, LAURA L
		Tel. PCM: 376.0402; 376.2550

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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STANDARD FORM 600 (REV. 5)  
Prescribed by GSA and ICMR  
FIRM (4) (GPO) 705-455-555

USA-7

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
17 Jul 2013 0800	Facility: F2853	Clinic: ONCOLOGY/HEMATOLOGY CLINIC	Provider: ROBERTS, OWEN W

Reticulocytes Immature/Total BLOOD NP ratio (0.163-0.362)  
RBC BLOOD 3.89 x10(6)/mcL (3.8-5.3)

CBC W/Diff+Reticulocytes	Site/Specimen	20 May 2013 1029 Units	Ref Rng
WBC BLOOD 6.3	x10(3)/mcL	(4.5-12.5)	
RBC BLOOD 3.49 (L)	x10(6)/mcL	(3.8-5.3)	
Hemoglobin BLOOD 8.9 (L)	g/dL	(11.5-15.0)	
Hematocrit BLOOD 29.5 (L)	%	(36.0-47.0)	
MCV BLOOD 84.5	fL	(80.0-96.0)	
MCH BLOOD 25.5	pg	(23.0-34.0)	
MCHC BLOOD 30.1 (L)	g/dL	(31.0-37.0)	
RDW CVBLOOD 28.6 (H)	%	(11.5-14.5)	
Platelets BLOOD 406	x10(3)/mcL	(150-450)	
MPV BLOOD 8.6	fL	(7.4-10.4)	
Neutrophils BLOOD 43.0	%	(25.5-52.0)	
Lymphocytes BLOOD 46.0 (H)	%	(33.0-45.0)	
Monocytes BLOOD 6.0	%	(0-7.0)	
Hypochromia BLOOD 2+			
Anisocytosis BLOOD 3+			
Slide Box BLOOD STORED 12	SLOT #		
Comment BLOOD PLAT ADEQ <=>			
Comment 2 BLOOD SICKLE CELLS 1+			
Comment 3 BLOOD TARGET CELLS 2+			
Comment 4 BLOOD POLYCHROMASIA - NOTED			
Comment 5 BLOOD BASO STP - NOTED			
WBC Estimate BLOOD WBC Estimation Performed			
WBC Estimate BLOOD Diff/morphology microscopically verified			
Lymphocytes Atypical BLOOD 5	%		
Nucleated RBC/100 WBC BLOOD 84 (H)	/100 WBCs	(0-1)	
Cell Count BLOOD 100	WBC'S		
Reticulocytes BLOOD NP	x10(9)/L	(18.2-143.0)	
Reticulocytes/1000 RBCs BLOOD NP <=>	%	(0.5-2.6)	
Reticulocytes Immature/Total BLOOD NP	ratio	(0.163-0.362)	
RBC BLOOD 3.49 (L)	x10(6)/mcL	(3.8-5.3)	

Comprehensive Metabolic Panel	Site/Specimen	20 May 2013 1029 Units	Ref Rng
Albumin PLASMA 4.5	g/dL	(3.5-5.2)	
Bilirubin PLASMA 0.8	mg/dL	(0.0-1.1)	
Calcium PLASMA 9.7	mg/dL	(8.4-10.2)	
Carbon Dioxide PLASMA 23.7	mmol/L	(22-29)	
Chloride PLASMA 104	mmol/L	(98-107)	
Creatinine PLASMA 0.5	mg/dL	(0.5-1.2)	
Glucose PLASMA 96.2	mg/dL	(70-115)	
Alkaline Phosphatase PLASMA 59	U/L	(40-130)	
Potassium PLASMA 4.0	mmol/L	(3.4-4.5)	
Protein PLASMA 7.9	g/dL	(6.0-8.0)	
Sodium PLASMA 143	mmol/L	(136-145)	
Alanine Aminotransferase PLASMA 12	U/L	(10-50)	
Aspartate Aminotransferase PLASMA 25	U/L	(10-50)	
Urea Nitrogen PLASMA 5.0 (L)	mg/dL	(6-20)	

CBC W/Diff+Reticulocytes	Site/Specimen	18 Mar 2013 1156 Units	Ref Rng
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Name/SSN: COTTEN, TONI D/602901058

Sex: F  
FMP/SSN: 02/417173405  
DOB: 27 Dec 1994  
PCar: F41 USAF FAM MBR AD  
MC Status: TRICARE PRIME (CHAMPUS)  
Insurance: No

Tel R: 228-424-5975  
Tel W:  
CS:  
Status:

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
Rank: MASTER SERGEANT  
Unit: PFHV0 (0060 OPERATIONS SUPPORT SQ)  
Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS  
PCM: VOEGELE, LAURA L  
Tel. PCM: 376.0402/376.2550

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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FIRM (4) GPO 201-455-505

USA - 8



HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
17 Jul 2013 0800	Facility: F2853	Clinic: ONCOLOGY/HEMATOLOGY CLINIC	Provider: ROBERTS, OWEN W

WBC BLOOD 7.8 x10(3)/mcL (4.5-12.5)  
 RBC BLOOD 3.43 (L) x10(6)/mcL (3.8-5.3)  
 Hemoglobin BLOOD 9.6 (L) g/dL (11.5-15.0)  
 Hematocrit BLOOD 31.5 (L) % (36.0-47.0)  
 MCV BLOOD 92.1 fL (80.0-96.0)  
 MCH BLOOD 28.1 pg (23.0-34.0)  
 MCHC BLOOD 30.5 (L) g/dL (31.0-37.0)  
 RDW CV BLOOD 24.2 (H) % (11.5-14.5)  
 Platelets BLOOD 531 (H) x10(3)/mcL (150-450)  
 MPV BLOOD 8.4 fL (7.4-10.4)  
 Neutrophils BLOOD 52.0 % (25.5-52.0)  
 Basophils BLOOD 2.0 % (0-2)  
 Lymphocytes BLOOD 41.0 % (33.0-45.0)  
 Monocytes BLOOD 3.0 % (0-7.0)  
 Eosinophils BLOOD 1.0 % (0-5.5)  
 Slide Box BLOOD STORED 12 SLOT #  
 Comment BLOOD ANISOCYTOSIS 2+  
 Comment 2 BLOOD TARGET CELLS 3+  
 Comment 3 BLOOD SICKLE CELLS 1+  
 Comment 4 BLOOD PLAT ADEQ  
 Comment 5 BLOOD POLYCHROMASIA 1+  
 Lymphocytes Atypical BLOOD 1 %  
 Nucleated RBC/100 WBC BLOOD 14 (H) /100 WBCs (0-1)  
 Cell Count BLOOD 100 WBC'S  
 Reticulocytes BLOOD 96.8 x10(9)/L (18.2-143.0)  
 Reticulocytes/1000 RBCs BLOOD 2.8 (H) % (0.5-2.6)  
 Reticulocytes Immature/Total BLOOD 0.370 (H) ratio (0.163-0.362)  
 RBC BLOOD 3.43 (L) x10(6)/mcL (3.8-5.3)

Comprehensive Metabolic Panel	Site/Specimen	18 Mar 2013 1156 Units	Ref Rng
Albumin PLASMA 4.3	g/dL	(3.5-5.2)	
Bilirubin PLASMA 0.7 <i>	mg/dL	(0.0-1.1)	
Calcium PLASMA 9.6	mg/dL	(8.4-10.2)	
Carbon Dioxide PLASMA 24.0	mmol/L	(22-29)	
Chloride PLASMA 101	mmol/L	(98-107)	
Creatinine PLASMA 0.4 (L) <i>	mg/dL	(0.5-1.2)	
Glucose PLASMA 73.1	mg/dL	(70-115)	
Alkaline Phosphatase PLASMA 69	U/L	(40-130)	
Potassium PLASMA 4.1	mmol/L	(3.4-4.5)	
Protein PLASMA 8.0	g/dL	(6.0-8.0)	
Sodium PLASMA 138	mmol/L	(136-145)	
Alanine Aminotransferase PLASMA 13	U/L	(10-50)	
Aspartate Aminotransferase PLASMA 29	U/L	(10-50)	
Urea Nitrogen PLASMA 7.1	mg/dL	(6-20)	

Comprehensive Metabolic Panel W/GFR	Site/Specimen	17 Jan 2013 1306 Units	Ref Rng
Albumin PLASMA 4.4	g/dL	(3.5-5.2)	
Bilirubin PLASMA 0.6 <i>	mg/dL	(0.0-1.1)	
Calcium PLASMA 9.1	mg/dL	(8.4-10.2)	
Carbon Dioxide PLASMA 21.8 (L)	mmol/L	(22-29)	
Chloride PLASMA 103	mmol/L	(98-107)	
Creatinine PLASMA 0.5 <i>	mg/dL	(0.5-1.2)	
Glucose PLASMA 103.0	mg/dL	(70-115)	
Alkaline Phosphatase PLASMA 74	U/L	(40-130)	

Name/SSN: COTTEN, TONI D/602901058

FMP/SSN: 02/417173405	Sex: F	Sponsor/SSN: BARTEE, LYNNITA M/417173405
DOB: 27 Dec 1994	Tel H: 228-424-5975	Rank: MASTER SERGEANT
PCat: F41 USAF FAM MBR AD	Tel W:	Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)
MC Status: TRICARE PRIME (CHAMPUS)	CS:	Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS
Insurance: No	Status:	PCM: VOEGELE, LAURA L
		Tel. PCM: 376.0402; 376.2550

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17 Jul 2013 0800	Facility: F2853	Clinic: ONCOLOGY/HEMATOLOGY CLINIC	Provider: ROBERTS, OWEN W

Potassium	PLASMA	3.7	mmol/L (3.4-4.5)
Protein	PLASMA	8.1 (H)	g/dL (6.0-8.0)
Sodium	PLASMA	137	mmol/L (136-145)
Alanine Aminotransferase	PLASMA	11	U/L (10-50)
Aspartate Aminotransferase	PLASMA	24	U/L (10-50)
Urea Nitrogen	PLASMA	4.5 (L)	mg/dL (6-20)
Anion Gap	PLASMA	12.4	mmol/L
GFR Black	PLASMA	>60	(SEE-INTERP)
GFR Non-Black	PLASMA	>60 <i>	(SEE-INTERP)
Urea Nitrogen/Creatinine	PLASMA	9.0	ratio

CBC W/Diff-Reticulocytes	Site/Specimen	17 Jan 2013 1306	Units	Ref Rng
WBC	BLOOD	5.7	x10(3)/mcL	(4.5-12.5)
RBC	BLOOD	3.13 (L)	x10(6)/mcL	(3.8-5.3)
Hemoglobin	BLOOD	9.3 (L)	g/dL	(11.5-15.0)
Hematocrit	BLOOD	29.3 (L)	%	(36.0-47.0)
MCV	BLOOD	93.7	fL	(80.0-96.0)
MCH	BLOOD	29.8	pg	(23.0-34.0)
MCHC	BLOOD	31.8	g/dL	(31.0-37.0)
RDW	CVBLOOD	26.0 (H)	%	(11.5-14.5)
Platelets	BLOOD	531 (H)	x10(3)/mcL	(150-450)
MPV	BLOOD	7.8	fL	(7.4-10.4)
Neutrophils	BLOOD	24.0 (L)	%	(25.5-52.0)
Basophils	BLOOD	1.0	%	(0-2)
Lymphocytes	BLOOD	55.0 (H)	%	(33.0-45.0)
Monocytes	BLOOD	15.0 (H)	%	(0-7.0)
Eosinophils	BLOOD	1.0	%	(0-5.5)
Slide Box	BLOOD	STORED 9	SLOT #	
Comment	BLOOD	SICKLE CELLS 1+		
Comment 2	BLOOD	TARGET CELLS 1+		
Comment 3	BLOOD	PLAT, CLUMPED - NOTED		
Comment 4	BLOOD	PLAT INCR		
WBC Estimate	BLOOD	Blood smear reviewed, results verified		
WBC Estimate	BLOOD	Diff/morphology microscopically verified		
Neutrophils Band Form	BLOOD	2	%	(0-11)
Lymphocytes Atypical	BLOOD	2	%	
Cell Count	BLOOD	100	WBC'S	
Reticulocytes	BLOOD	NP	x10(9)/L	(18.2-143.0)
Reticulocytes/1000 RBCs	BLOOD	NP <t>	%	(0.5-2.6)
Reticulocytes Immature/Total	BLOOD	NP	ratio	(0.163-0.362)
RBC	BLOOD	3.13 (L)	x10(6)/mcL	(3.8-5.3)

Reticulocyte Count Manual	Site/Specimen	17 Jan 2013 1306	Units	Ref Rng
Reticulocytes/1000 RBCs	BLOOD	7.53	%	

Viscosity	Site/Specimen	06 Aug 2012 1357	Units	Ref Rng
Viscosity	SERUM	1.7		1.5-1.9

A/P

## 1. SICKLE CELL THALASSEMIA:

Pt presents, as above, for follow-up of her known HgbS/Beta (0) thalassemia. Patient remains on Hydrea, which she has been on

Name/SSN: COTTEN, TONI D/602901058

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FMP/SSN: 02/417173405	Rank: MASTER SERGEANT
DOB: 27 Dec 1994	Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)
PCat: F41 USAF FAM MBR AD	Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS
MC Status: TRICARE PRIME (CHAMPUS)	PCM: VOEGELE, LAURA L
Insurance: No	Tel. PCM: 376.0402; 376.2550

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
17 Jul 2013 0800	Facility: F2853	Clinic: ONCOLOGY/HEMATOLOGY CLINIC	Provider: ROBERTS, OWEN W

chronically, and should remain on at this point. She has, overall, seemed more compliant with the medication since I began following her (based both on her self reports and based on her Hgb F levels, although her Hgb F decreased on her last Hgb electrophoresis in May 2013, possibly indicative of some noncompliance). A hemoglobin electrophoresis was also sent today, but the results of it were not available at the time of this appointment. Overall, patient has stable symptoms (with some sporadic bone/joint pains noted, for which patient takes PRN Tylenol and Motrin, which will refill today, as per pts request). Patient also with occasional chest symptoms, but these are often very brief/transient and do not seem to be worsening/increasing. Given all of this, will have patient remain on current/same dose of Hydrea as she has been on (i.e. 1000 mg PO BID). Counseled patient, once again, on the importance of taking this medication regularly, as prescribed. Patient to follow-up again in 1-2 months, or sooner as needed, if she develops any new/worsening problems.

- Patient to remain on current dose of Hydrea (i.e. 1000 mg PO BID)
- Patient to continue taking daily folate supplementation (1 mg PO daily)
- Refilled patient's Tylenol (500-1000 mg PO Q6h PRN for pain) and Ibuprofen (600 mg PO Q6h PRN for pain), as requested by the patient
- Patient to continue to have repeat labs done around the time of each follow-up visit (including CBC, CMP, Hemoglobin electrophoresis)
- Patient to continue to follow-up in Hem-Onc clinic ~Q1-2 months

Signed By ROBERTS, OWEN W (Owen Roberts, Maj, USAF, MC, 81 MDG, Hematology-Oncology) @ 23 Aug 2013 1211

Name/SSN: COTTEN, TONI D/602901058

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DOB: 27 Dec 1994	Tel H: 228-424-5975	Rank: MASTER SERGEANT
PCat: F41 USAF FAM MBR AD	Tel W:	Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)
MC Status: TRICARE PRIME (CHAMPUS)	CS:	Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS
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CHRONOLOGICAL RECORD OF MEDICAL CARE

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## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: COTTEN, TONI D  
Treatment Facility: 81ST MEDICAL  
GROUP  
Patient Status: Outpatient

Date: 20 May 2013 1030 CDT  
Clinic: ONCOLOGY/HEMATOLOGY  
CLINIC

Appt Type: EST  
Provider: ROBERTS, OWEN W

AutoCites Refreshed by ROBERTS, OWEN W @ 20 May 2013 1041 CDT

Allergies  
\*No Known Allergies

## Vitals

No Vitals Found.

Reason for Appointment:  
3 Month Follow Up  
Appointment Comments:  
dgv

G0 P0. LMP: 02 Jun 2012.

## Vitals

Vitals Written by VALENZUELA, DENISE AIC @ 20 May 2013 1101 CDT

BP: 104/71, HR: 75, T: 98.5 °F, HT: 64 in, WT: 124.8 lbs, SpO<sub>2</sub>: 99%, BMI: 21.42, BSA: 1.601 square meters,

Tobacco Use: Yes, Alcohol Use: Yes, Pain Scale: 3/10 Mild, Pain Scale Comments: Headache

A/P Written by ROBERTS, OWEN W @ 20 May 2013 1145 CDT

## 1. Sickle cell thalassemia

Medication(s): -HYDROXYUREA 500MG CAP (HYDREA)--PO 500MG - TAKE 2 CAPSULES BY MOUTH BID #360 RF3  
Qt: 360 Rf: 3

Disposition Written by ROBERTS, OWEN W @ 20 May 2013 1145 CDT

## Released w/o Limitations

Follow up: 1 to 2 month(s) in the ONCOLOGY/HEMATOLOGY CLINIC clinic or sooner if there are problems.

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Note Written by ROBERTS, OWEN W @ 20 May 2013 1144 CDT

## Chief Complaint

Follow-up Sickle-Beta (0) Thalassemia

## History of present illness

18 year old female with known Sickle-Beta (0) Thalassemia, for which she is on Hydrea (currently 2000 mg/day), who presents today for follow-up. Patient has been seen by me since ~Aug 2012 and was last seen by me in clinic in Mar 2013. Patient remains on 2000 mg of Hydrea (in divided doses) daily, a dose which she has been on since ~Jan 2013. She continues to tolerate the medication (and the dose) and denies any problems with the medication, including no fatigue, mouth sores, leg ulcers, diarrhea or other symptoms. Patient has, in the past, had some self-admitted noncompliance, but she has had pretty good compliance since she began seeing me (as reflected in her Hgb F percentage). At last visit, patient had noted having some knee pain, but those symptoms reportedly subsequently resolved (per pt). Otherwise, patient still with occasional, non-exertional, transient chest pains and has sporadic other bone/joint pains, but nothing that has impacted the pt significantly or has been limiting in any way. No significant SOB noted. No fevers, chills, night sweats, or recent unexplained weight loss. No bleeding symptoms.

## Encounter Background

Name/SSN: COTTEN, TONI D/602901058

Sex: F  
FMP/SSN: 02/417173405  
DOB: 27 Dec 1994  
PCar: F4J USAF FAM MBR AD  
MC Status: TRICARE PRIME (CHAMPUS)  
Insurance: No  
Tel H: 228-424-5975  
Tel W:  
CS:  
Status:

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
Rank: MASTER SERGEANT  
Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)  
Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS  
PCM: VOEGELE, LAURA L  
Tel. PCM: 376.0402.376.2550

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
20 May 2013 1030	Facility: F2853	Clinic: ONCOLOGY/HEMATOLOGY CLINIC	Provider: ROBERTS,OWEN W

**Diagnosis:** Sickie-Beta (0) Thalassemia  
 -- Pt has reportedly auto-infarcted her spleen  
 -- Pt has received ~5 units of pRBCs previously

**Treatment:**  
 1. Hydrea - Currently, 1000 mg PO BID.

ECOG PS: 0

#### Past medical/surgical history

Sickle cell anemia  
 -- Pt has reportedly auto-infarcted her spleen  
 -- Pt has received ~5 units of pRBCs previously

Headaches/migraines  
 -- Has been put on Topamax by a Neurologist

Decompression of left femoral head following AVN (Feb 2012)  
 Wisdom teeth removal.

**Allergies:** NKDA

#### Medications:

*Pt has not been taking any of these meds recently:*

- Hydroxyurea 1000mg PO daily
- Singulair 10mg PO daily
- Folic acid 1mg PO daily
- Motrin 600mg PO q4-6h PRN pain
- Tylenol PO PRN abdominal pain
- Topamax 25mg PO daily
- Estradiol+Norelgestromen patch [last used for 2 weeks from 30 May 2012 through 13 Jun 2012]
- Vitamin D/Calcium (400 units/600mg) PO daily
- Tylenol #3 1 tab PO q4-6h PRN pain not relieved by Motrin

#### Social history

Tobacco: None.  
 EtOH: None.

#### Family History

Pts father had sickle cell trait, and Mother has thalassemia trait.

#### Review of systems

**Systemic symptoms:** No fever, no chills, and no night sweats. No recent wt changes. No new lumps or bumps.

**Head symptoms:** No headache.

**Eye symptoms:** No worsening vision.

**Cardiovascular symptoms:** No chest pain or discomfort and no palpitations. No limb swelling.

**Pulmonary symptoms:** No dyspnea. No cough.

**Gastrointestinal symptoms:** Normal appetite, no nausea, no vomiting, no abdominal pain, no bright red blood per rectum, and

**Name/SSN:** COTTEN, TONI D/602901058

<b>FMP/SSN:</b> 02/417173405	<b>Sex:</b> F	<b>Sponsor/SSN:</b> BARTEE, LYNNITA M/417173405
<b>DOB:</b> 27 Dec 1994	<b>Tel H:</b> 228-424-5975	<b>Rank:</b> MASTER SERGEANT
<b>PCat:</b> F41 USAF FAM MBR AD	<b>Tel W:</b>	<b>Unit:</b> FFHV0 (0060 OPERATIONS SUPPORT SQ)
<b>MC Status:</b> TRICARE PRIME (CHAMPUS)	<b>CS:</b>	<b>Outpt Rec. Rm:</b> 10 KEESLER OUTPATIENT RECORDS
<b>Insurance:</b> No	<b>Status:</b>	<b>PCM:</b> VOEGELE, LAURA L
		<b>Tel. PCM:</b> 376.0402; 376.2550

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
20 May 2013 1030	Facility: F2853	Clinic: ONCOLOGY/HEMATOLOGY CLINIC	Provider: ROBERTS,OWEN W

no diarrhea or constipation.

Genitourinary symptoms: No hematuria. No incontinence.

Neurological symptoms: No limb weakness and no tingling of the feet.

Hematologic: No easy bruising or easy bleeding. No bleeding gums. No epistaxis.

Psychological symptoms: Energy normal. Mood "fine."

Skin symptoms: No skin lesions and no rash.

#### Physical findings

##### Vital signs:

° Current vital signs reviewed. See above in AHLTA note.

##### General appearance:

° Awake. ° Alert. ° Oriented to time, place, and person. ° Well developed. ° Well nourished. ° In no acute distress.

##### HEENT:

PERRL. EOML.

Normocephalic. Atraumatic.

No active epistaxis or bleeding gums.

##### Neck:

Supple. No masses. No lymphadenopathy.

##### Lungs:

• No intercostal inspiratory retraction was observed. Clear to auscultation bilaterally • No Wheezing was heard.

• No Rhonchi were heard. • No rales/crackles heard.

##### Cardiovascular system:

Heart Rate And Rhythm: ° Normal.

Heart Sounds: ° S1 normal. ° S2 normal.

Murmurs: ° No murmurs were heard.

Arterial Pulses: ° Normal.

Edema: ° Not present.

##### Abdomen:

Visual Inspection: Normal. ° Abdomen was not distended.

Auscultation: ° Bowel sounds were normal.

Palpation: ° Abdomen was soft. ° No abdominal tenderness. ° No mass was palpated in the abdomen.

Hepatic Findings: ° Liver was not enlarged.

Splenic Findings: ° Spleen was not enlarged.

##### Neurological:

° Level of consciousness was normal.

##### Psychiatric Exam:

° Affect was normal.

##### Skin:

° Turgor was normal. ° Showed no generalized erythema. ° Showed no ecchymosis.

#### Lab Results

Date	Hgb S	Hgb A	Hgb A2	Hgb F
18 Mar 2013 1156	64.4	0	4.2	31.4
17 Jan 2013 1306	65.7	0	4.4	29.9
29 Nov 2012 1037	74.1	0	5.2	20.7
06 Sep 2012 1033	76.8	0	5.7	17.5
06 Aug 2012 1357	76	0	5.5	18.5
18 Apr 2012 1134	78.1	0	5.4	16.5
11 Apr 2012 0730	77.8	0	5.4	16.8
14 Mar 2012 1038	76.9	0	5.6	17.5

Name/SSN: COTTEN, TONI D/602901058

Sex: F

Sponsor/SSN: BARTEE, LYNNITA M/417173405

FMP/SSN: 02/417173405

Tel H: 228-424-5975

Rank: MASTER SERGEANT

DOB: 27 Dec 1994

Tel W:

Unit: FPHV0 (0060 OPERATIONS SUPPORT SQ)

PCat: F41 USAF FAM MBR AD

CS:

Outpt Rec. Rm: 10 KEESSLER OUTPATIENT RECORDS

MC Status: TRICARE PRIME (CHAMPUS)

Status:

PCM: VOEGELE, LAURA L

Insurance: No

Tel. PCM: 376.0402;376.2550

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
20 May 2013 1030	Facility: F2853	Clinic: ONCOLOGY/HEMATOLOGY CLINIC	Provider: ROBERTS,OWEN W

11 Jan 2012 1258	77	0	5.5	18.2
07 Sep 2011 1224	62.6	0	4	33.4
10 Aug 2011 1106	69.8	0	5.2	25
08 Dec 2010 1256	70.2	12	5.5	12.3
30 Jun 2010 1206	79.3	0	5.6	15.1
14 Feb 2010 0600	75.4	0	5.4	19.2

CBC W/Diff+Reticulocytes	Site/Specimen	18 Mar 2013 1156 Units	Ref Rng
WBC BLOOD 7.8	x10(3)/mcL	(4.5-12.5)	
RBC BLOOD 3.43 (L)	x10(6)/mcL	(3.8-5.3)	
Hemoglobin BLOOD 9.6 (L)	g/dL	(11.5-15.0)	
Hematocrit BLOOD 31.5 (L)	%	(36.0-47.0)	
MCV BLOOD 92.1	fL	(80.0-96.0)	
MCH BLOOD 28.1	pg	(23.0-34.0)	
MCHC BLOOD 30.5 (L)	g/dL	(31.0-37.0)	
RDW CV BLOOD 24.2 (H)	%	(11.5-14.5)	
Platelets BLOOD 531 (H)	x10(3)/mcL	(150-450)	
MPV BLOOD 8.4	fL	(7.4-10.4)	
Neutrophils BLOOD 52.0	%	(25.5-52.0)	
Basophils BLOOD 2.0	%	(0-2)	
Lymphocytes BLOOD 41.0	%	(33.0-45.0)	
Monocytes BLOOD 3.0	%	(0-7.0)	
Eosinophils BLOOD 1.0	%	(0-5.5)	
Slide Box BLOOD STORED 12	SLOT #		
Comment BLOOD ANISOCYTOSIS 2+			
Comment 2 BLOOD TARGET CELLS 3+			
Comment 3 BLOOD SICKLE CELLS 1+			
Comment 4 BLOOD PLAT ADEQ			
Comment 5 BLOOD POLYCHROMASIA 1+			
Lymphocytes Atypical BLOOD 1	%		
Nucleated RBC/100 WBC BLOOD 14 (H)	/100 WBCs	(0-1)	
Cell Count BLOOD 100	WBC'S		
Reticulocytes BLOOD 96.8	x10(9)/L	(18.2-143.0)	
Reticulocytes/1000 RBCs BLOOD 2.8 (H)	%	(0.5-2.6)	
Reticulocytes Immature/Total BLOOD 0.370 (H)	ratio	(0.163-0.362)	
RBC BLOOD 3.43 (L)	x10(6)/mcL	(3.8-5.3)	

Comprehensive Metabolic Panel	Site/Specimen	18 Mar 2013 1156 Units	Ref Rng
Albumin PLASMA 4.3	g/dL	(3.5-5.2)	
Bilirubin PLASMA 0.7 <i>	mg/dL	(0.0-1.1)	
Calcium PLASMA 9.6	mg/dL	(8.4-10.2)	
Carbon Dioxide PLASMA 24.0	mmol/L	(22-29)	
Chloride PLASMA 101	mmol/L	(98-107)	
Creatinine PLASMA 0.4 (L) <i>	mg/dL	(0.5-1.2)	
Glucose PLASMA 73.1	mg/dL	(70-115)	
Alkaline Phosphatase PLASMA 69	U/L	(40-130)	
Potassium PLASMA 4.1	mmol/L	(3.4-4.5)	
Protein PLASMA 8.0	g/dL	(6.0-8.0)	
Sodium PLASMA 138	mmol/L	(136-145)	
Alanine Aminotransferase PLASMA 13	U/L	(10-50)	
Aspartate Aminotransferase PLASMA 29	U/L	(10-50)	
Urea Nitrogen PLASMA 7.1	mg/dL	(6-20)	

Name/SSN: COTTEN, TONI D/602901058

Sex: F

Sponsor/SSN: BARTEE, LYNNITA M/417173405

FMP/SSN: 02/417173405

Tel H: 228-424-5975

Rank: MASTER SERGEANT

DOB: 27 Dec 1994

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Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)

PCat: F41 USAF FAM MBR AD

CS:

Outpt Rec. Rm: 10 KEESSLER OUTPATIENT RECORDS

MC Status: TRICARE PRIME (CHAMPUS)

Status:

PCM: VOEGELE, LAURA L

Insurance: No

Tel. PCM: 376.0402;376.2550

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
20 May 2013 1030	Facility: F2853	Clinic: ONCOLOGY/HEMATOLOGY CLINIC	Provider: ROBERTS,OWEN W

Comprehensive Metabolic Panel W/GFR	Site/Specimen	17 Jan 2013 1306	Units	Ref Rng
Albumin PLASMA	4.4 g/dL	(3.5-5.2)		
Bilirubin PLASMA	0.6 <i>>	mg/dL	(0.0-1.1)	
Calcium PLASMA	9.1 mg/dL	(8.4-10.2)		
Carbon Dioxide PLASMA	21.8 (L)	mmol/L	(22-29)	
Chloride PLASMA	103 mmol/L	(98-107)		
Creatinine PLASMA	0.5 <i>>	mg/dL	(0.5-1.2)	
Glucose PLASMA	103.0 mg/dL	(70-115)		
Alkaline Phosphatase PLASMA	74 U/L	(40-130)		
Potassium PLASMA	3.7 mmol/L	(3.4-4.5)		
Protein PLASMA	8.1 (H) g/dL	(6.0-8.0)		
Sodium PLASMA	137 mmol/L	(136-145)		
Alanine Aminotransferase PLASMA	11 U/L	(10-50)		
Aspartate Aminotransferase PLASMA	24 U/L	(10-50)		
Urea Nitrogen PLASMA	4.5 (L) mg/dL	(6-20)		
Anion Gap PLASMA	12.4 mmol/L			
GFR Black PLASMA	>60	(SEE-INTERP)		
GFR Non-Black PLASMA	>60 <i>>	(SEE-INTERP)		
Urea Nitrogen/Creatinine PLASMA	9.0 ratio			

CBC W/Diff+Reticulocytes	Site/Specimen	17 Jan 2013 1306	Units	Ref Rng
WBC BLOOD	5.7 x10(3)/mcL	(4.5-12.5)		
RBC BLOOD	3.13 (L) x10(6)/mcL	(3.8-5.3)		
Hemoglobin BLOOD	9.3 (L) g/dL	(11.5-15.0)		
Hematocrit BLOOD	29.3 (L) %	(36.0-47.0)		
MCV BLOOD	93.7 fL	(80.0-96.0)		
MCH BLOOD	29.8 pg	(23.0-34.0)		
MCHC BLOOD	31.8 g/dL	(31.0-37.0)		
RDW CVBLOOD	26.0 (H) %	(11.5-14.5)		
Platelets BLOOD	531 (H) x10(3)/mcL	(150-450)		
MPV BLOOD	7.8 fL	(7.4-10.4)		
Neutrophils BLOOD	24.0 (L) %	(25.5-52.0)		
BasophilsBLOOD	1.0 %	(0-2)		
Lymphocytes BLOOD	55.0 (H) %	(33.0-45.0)		
Monocytes BLOOD	15.0 (H) %	(0-7.0)		
Eosinophils BLOOD	1.0 %	(0-5.5)		
Slide BoxBLOOD	STORED 9	SLOT #		
CommentBLOOD	SICKLE CELLS 1+			
Comment 2	BLOOD TARGET CELLS 1+			
Comment 3	BLOOD PLAT,CLUMPED - NOTED			
Comment 4	BLOOD PLAT INCR			
WBC Estimate	BLOOD Blood smear reviewed, results verified			
WBC Estimate	BLOOD Diff/morphology microscopically verified			
Neutrophils Band Form	BLOOD 2 %	(0-11)		
Lymphocytes Atypical	BLOOD 2 %			
Cell Count	BLOOD 100 WBC'S			
Reticulocytes	BLOOD NP x10(9)/L	(18.2-143.0)		
Reticulocytes/1000 RBCs	BLOOD NP <i>>	%	(0.5-2.6)	
Reticulocytes Immature/Total	BLOOD NP ratio	(0.163-0.362)		
RBC BLOOD	3.13 (L) x10(6)/mcL	(3.8-5.3)		

Reticulocyte Count Manual	Site/Specimen	17 Jan 2013 1306	Units	Ref Rng
Reticulocytes/1000 RBCs	BLOOD 7.53	%		

Name/SSN: COTTEN, TONI D/602901058

FMP/SSN: 02/417173405	Sex: F	Sponsor/SSN: BARTEE, LYNNITA M/417173405
DOB: 27 Dec 1994	Tel H: 228-424-5975	Rank: MASTER SERGEANT
PCat: F41 USAF FAM MBR AD	Tel W:	Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)
MC Status: TRICARE PRIME (CHAMPUS)	CS:	Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS
Insurance: No	Status:	PCM: VOEGELE, LAURA L
		Tel. PCM: 376.0402;376.2550

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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STANDARD FORM 600 (REV. 5)  
Prescribed by GSA and ICMR  
FIRM (4) CFR 201-45.505

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## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: COTTEN, TONI D  
Treatment Facility: 81ST MEDICAL  
GROUP  
Patient Status: Outpatient

Date: 18 Mar 2013 1030 CDT  
Clinic: ONCOLOGY/HEMATOLOGY  
CLINIC

Appt Type: EST  
Provider: ROBERTS, OWEN W

AutoCites Refreshed by ROBERTS, OWEN W @ 18 Mar 2013 1042 CDT

## Allergies

•No Known Allergies

## Vitals

Vitals Written by VALENZUELA, DENISE @ 18 Mar 2013 1040 CDT

BP: 96/61, HR: 82, T: 98.6 °F, HT: 64 in, WT: 130.7 lbs, SpO<sub>2</sub>: 96%, BMI: 22.43, BSA: 1.632 square meters,  
Tobacco Use: No, Alcohol Use: No, Pain Scale: 0 Pain Free

## Reason for Appointment:

2 Month Follow Up

## Appointment Comments:

KMD

G0 P0. LMP: 02 Jun 2012.

## Vitals

Vitals Written by VALENZUELA, DENISE AIC @ 18 Mar 2013 1040 CDT

BP: 96/61, HR: 82, T: 98.6 °F, HT: 64 in, WT: 130.7 lbs, SpO<sub>2</sub>: 96%, BMI: 22.43, BSA: 1.632 square meters,  
Tobacco Use: No, Alcohol Use: No, Pain Scale: 0 Pain Free

A/P Written by ROBERTS, OWEN W @ 27 Mar 2013 1007 CDT

1. Sickle cell thalassemia

Disposition Last updated by ROBERTS, OWEN W @ 27 Mar 2013 1008 CDT

Released w/o Limitations

Follow up: 1 to 2 month(s) in the ONCOLOGY/HEMATOLOGY CLINIC clinic or sooner if there are problems.

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Note Written by ROBERTS, OWEN W @ 27 Mar 2013 1007 CDT

## Chief Complaint

Follow-up Sickle-Beta (0) Thalassemia

## History of present illness

18 year old female with known Sickle-Beta (0) Thalassemia, for which she is on Hydrea, who presents today for follow-up. Patient previously seen here at Keesler by Pediatric Hematology, but she has been followed by me since Aug 2012. At the time of her last visit (in Jan 2013), pts Hydrea dose was increased from 1500 mg PO daily (specifically 500 mg TID) to 2000 mg daily (specifically, 1000 mg PO BID). In the past, patient had some previous self-admitted noncompliance, but she has reported better compliance lately (and reports taking her Hydrea now, as prescribed). Patient also denies having any problems (in terms of side effects) with the Hydrea, including no fatigue, mouth sores, leg ulcers, diarrhea or other symptoms. Patient has had some prior problems in the past with her hips, but has been seen by (and is followed) by Orthopedics for those issues. Patient with some recent knee pain noted, but reports she will talk to the Orthopedics doctors about it. Patient with rare, non-exertion, atypical chest pain, which is not felt to be cardiac (as noted in pts recent Cardiology evaluation, who patient reports seeing about yearly). No increased bone pain. No significant SOB noted. No fevers, chills, night sweats, or recent unexplained weight loss. No bleeding symptoms.

## Encounter Background

Name/SSN: COTTEN, TONI D/602901058

FMP/SSN: 02/417173405  
DOB: 27 Dec 1994  
PCar: F41 USAF FAM MBR AD  
MC Status: TRICARE PRIME (CHAMPUS)  
Insurance: No

Sex: F  
Tel H: 228-424-5975  
Tel W:  
CS:  
Status:

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
Rank: MASTER SERGEANT  
Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)  
Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS  
PCM: VOEGELE, LAURA L  
Tel. PCM: 376.0402/376.2550

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
18 Mar 2013 1030	Facility: F2853	Clinic: ONCOLOGY/HEMATOLOGY CLINIC	Provider: ROBERTS,OWEN W

**Diagnosis:** Sickie-Beta (0) Thalassemia  
 -- Pt has reportedly auto-infarcted her spleen  
 -- Pt has received ~5 units of pRBCs previously

**Treatment:**  
 1. Hydrea.

ECOG PS: 0

#### Past medical/surgical history

Sickle cell anemia  
 -- Pt has reportedly auto-infarcted her spleen  
 -- Pt has received ~5 units of pRBCs previously

Headaches/migraines  
 -- Has been put on Topamax by a Neurologist

Decompression of left femoral head following AVN (Feb 2012)  
 Wisdom teeth removal.

**Allergies:** NKDA

#### Medications:

*Pt has not been taking any of these meds recently:*

- Hydroxyurea 1000mg PO daily
- Singulair 10mg PO daily
- Folic acid 1mg PO daily
- Motrin 600mg PO q4-6h PRN pain
- Tylenol PO PRN abdominal pain
- Topamax 25mg PO daily
- Estradiol+Norelgestromen patch [last used for 2 weeks from 30 May 2012 through 13 Jun 2012]
- Vitamin D/Calcium (400 units/600mg) PO daily
- Tylenol #3 1 tab PO q4-6h PRN pain not relieved by Motrin

#### Social history

Tobacco: None.  
 EtOH: None.

#### Family History

Pts father had sickle cell trait, and Mother has thalassemia trait.

#### Review of systems

**Systemic symptoms:** No fever, no chills, and no night sweats. No recent wt changes. No new lumps or bumps.

**Head symptoms:** No headache.

**Eye symptoms:** No worsening vision.

**Cardiovascular symptoms:** No chest pain or discomfort and no palpitations. No limb swelling.

**Pulmonary symptoms:** No dyspnea. No cough.

**Gastrointestinal symptoms:** Normal appetite, no nausea, no vomiting, no abdominal pain, no bright red blood per rectum, and

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FMP/SSN: 02/417173405	Sex: F	Sponsor/SSN: BARTEE, LYNNITA M/417173405
DOB: 27 Dec 1994	Tel H: 228-424-5975	Rank: MASTER SERGEANT
PCat: F41 USAF FAM MBR AD	Tel W:	Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)
MC Status: TRICARE PRIME (CHAMPUS)	CS:	Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS
Insurance: No	Status:	PCM: VOEGELE, LAURA L
		Tel. PCM: 376.0402.376.2550

#### CHRONOLOGICAL RECORD OF MEDICAL CARE

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
18 Mar 2013 1030	Facility: F2853	Clinic: ONCOLOGY/HEMATOLOGY CLINIC	Provider: ROBERTS, OWEN W

no diarrhea or constipation.  
**Genitourinary symptoms:** No hematuria. No incontinence.  
**Neurological symptoms:** No limb weakness and no tingling of the feet.  
**Hematologic:** No easy bruising or easy bleeding. No bleeding gums. No epistaxis.  
**Psychological symptoms:** Energy normal. Mood "fine."  
**Skin symptoms:** No skin lesions and no rash.

#### Physical findings

##### Vital signs:

° Current vital signs reviewed. See above in AHLTA note.

##### General appearance:

° Awake. ° Alert. ° Oriented to time, place, and person. ° Well developed. ° Well nourished. ° In no acute distress.

##### HEENT:

PERRL EOMI.  
 Normocephalic. Atraumatic.  
 No active epistaxis or bleeding gums.

##### Neck:

Supple. No masses. No lymphadenopathy.

##### Lungs:

• No intercostal inspiratory retraction was observed. Clear to auscultation bilaterally • No Wheezing was heard.  
 • No Rhonchi were heard. • No rales/crackles heard.

##### Cardiovascular system:

Heart Rate And Rhythm: ° Normal.  
 Heart Sounds: ° S1 normal. ° S2 normal.  
 Murmurs: ° No murmurs were heard.  
 Arterial Pulses: ° Normal.  
 Edema: ° Not present.

##### Abdomen:

Visual Inspection: Normal. ° Abdomen was not distended.  
 Auscultation: ° Bowel sounds were normal.  
 Palpation: ° Abdomen was soft. ° No abdominal tenderness. ° No mass was palpated in the abdomen.  
 Hepatic Findings: ° Liver was not enlarged.  
 Splenic Findings: ° Spleen was not enlarged.

##### Neurological:

° Level of consciousness was normal.

##### Psychiatric Exam:

° Affect was normal.

##### Skin:

° Turgor was normal. ° Showed no generalized erythema. ° Showed no ecchymosis.

#### Lab Results

Date	Hgb S	Hgb A	Hgb A2	Hgb F
17 Jan 2013 1306	65.7	0	4.4	29.9
29 Nov 2012 1037	74.1	0	5.2	20.7
06 Sep 2012 1033	76.8	0	5.7	17.5
06 Aug 2012 1357	76	0	5.5	18.5
18 Apr 2012 1134	78.1	0	5.4	16.5
11 Apr 2012 0730	77.8	0	5.4	16.8
14 Mar 2012 1038	76.9	0	5.6	17.5
11 Jan 2012 1258	77	0	5.5	18.2

Name/SSN: COTTEN, TONI D/602901058

Sex: F  
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 Tel H: 228-424-5975  
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 Tel W:  
 PCat: F41 USAF FAM MBR AD  
 CS:  
 MC Status: TRICARE PRIME (CHAMPUS)  
 Status:  
 Insurance: No

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
 Rank: MASTER SERGEANT  
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 PCM: VOEGELE, LAURA L  
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CHRONOLOGICAL RECORD OF MEDICAL CARE  
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18 Mar 2013 1030	Facility: F2853	Clinic: ONCOLOGY/HEMATOLOGY CLINIC	Provider: ROBERTS,OWEN W

07 Sep 2011 1224	62.6	0	4	33.4
10 Aug 2011 1106	69.8	0	5.2	25
08 Dec 2010 1256	70.2	12	5.5	12.3
30 Jun 2010 1206	79.3	0	5.6	15.1
14 Feb 2010 0600	75.4	0	5.4	19.2

Comprehensive Metabolic Panel W/GFR	Site/Specimen	17 Jan 2013 1306	Units	Ref Rng
Albumin PLASMA	4.4 g/dL	(3.5-5.2)		
Bilirubin PLASMA	0.6 <i>	mg/dL	(0.0-1.1)	
Calcium PLASMA	9.1 mg/dL	(8.4-10.2)		
Carbon Dioxide PLASMA	21.8 (L)	mmol/L	(22-29)	
Chloride PLASMA	103 mmol/L	(98-107)		
Creatinine PLASMA	0.5 <i>	mg/dL	(0.5-1.2)	
Glucose PLASMA	103.0 mg/dL	(70-115)		
Alkaline Phosphatase PLASMA	74 U/L	(40-130)		
Potassium PLASMA	3.7 mmol/L	(3.4-4.5)		
Protein PLASMA	8.1 (H) g/dL	(6.0-8.0)		
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Alanine Aminotransferase PLASMA	11 U/L	(10-50)		
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GFR Black PLASMA	>60	(SEE-INTERP)		
GFR Non-Black PLASMA	>60 <i>	(SEE-INTERP)		
Urea Nitrogen/Creatinine PLASMA	9.0 ratio			

CBC W/Diff+Reticulocytes	Site/Specimen	17 Jan 2013 1306	Units	Ref Rng
WBC BLOOD	5.7 x10(3)/mcL	(4.5-12.5)		
RBC BLOOD	3.13 (L) x10(6)/mcL	(3.8-5.3)		
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MCV BLOOD	93.7 fL	(80.0-96.0)		
MCH BLOOD	29.8 pg	(23.0-34.0)		
MCHC BLOOD	31.8 g/dL	(31.0-37.0)		
RDW CVBLOOD	26.0 (H) %	(11.5-14.5)		
Platelets BLOOD	531 (H) x10(3)/mcL	(150-450)		
MPV BLOOD	7.8 fL	(7.4-10.4)		
Neutrophils BLOOD	24.0 (L) %	(25.5-52.0)		
BasophilsBLOOD	1.0 %	(0-2)		
Lymphocytes BLOOD	55.0 (H) %	(33.0-45.0)		
Monocytes BLOOD	15.0 (H) %	(0-7.0)		
Eosinophils BLOOD	1.0 %	(0-5.5)		
Slide BoxBLOOD	STORED 9	SLOT #		
CommentBLOOD	SICKLE CELLS 1+			
Comment 2	BLOOD TARGET CELLS 1+			
Comment 3	BLOOD PLAT,CLUMPED - NOTED			
Comment 4	BLOOD PLAT INCR			
WBC Estimate	BLOOD	Blood smear reviewed, results verified		
WBC Estimate	BLOOD	Diff/morphology microscopically verified		
Neutrophils Band Form	BLOOD 2	% (0-11)		
Lymphocytes Atypical	BLOOD 2	%		
Cell Count	BLOOD 100	WBC'S		
Reticulocytes	BLOOD NP	x10(9)/L (18.2-143.0)		

Name/SSN: COTTEN, TONI D/602901058

FMP/SSN: 02/417173405	Sex: F	Sponsor/SSN: BARTEE, LYNNITA M/417173405
DOB: 27 Dec 1994	Tel H: 228-424-5975	Rank: MASTER SERGEANT
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		Tel. PCM: 376.0402;376.2550

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
18 Mar 2013 1030	Facility: F2853	Clinic: ONCOLOGY/HEMATOLOGY CLINIC	Provider: ROBERTS, OWEN W

Reticulocytes/1000 RBCs BLOOD NP <r> % (0.5-2.6)  
Reticulocytes Immature/Total BLOOD NP ratio (0.163-0.362)  
RBC BLOOD 3.13 (L) x10(6)/mcL (3.8-5.3)

Reticulocyte Count Manual Site/Specimen	17 Jan 2013 1306	Units	Ref Rng
Reticulocytes/1000 RBCs BLOOD 7.53	%		

Viscosity Site/Specimen	06 Aug 2012 1357	Units	Ref Rng
Viscosity SERUM 1.7	1.5-1.9		

A/P

## 1. SICKLE CELL THALASSEMIA:

Pt presents, as above, for follow-up of her known HgbS/Beta (0) thalassemia. Patient remains on Hydrea, which she has been on chronically, and seems to be more compliant with her medication than in the past. Hgb F has been consistently improving as patient's compliance has improved, and pts Hgb F was almost 30% on most recent Hgb Electrophoresis (from Jan 2013). Patient did not have repeat labs done prior to today's visit, but will have them done today (including another electrophoresis). At this point, will simply continue patient on current dose of her Hydrea (i.e. 1000 mg PO BID). Patient to have labs done today and, again, around the time of her next follow-up visit in 1-2 months.

- Patient to remain on current dose of Hydrea (i.e. 1000 mg PO BID)
- Patient to continue taking daily folate supplementation (1 mg PO daily)
- Patient to have labs done today (CBC, CMP, Hgb electrophoresis), and she shall have those same labs done around the time of her next follow-up visit
- Patient to continue to follow-up in Hem-Onc clinic Q1-2 months

Signed By ROBERTS, OWEN W (Owen Roberts, Maj, USAF, MC, 81 MDG, Hematology-Oncology) @ 27 Mar 2013 1008

## CHANGE HISTORY

The following Disposition Note Was Overwritten by ROBERTS, OWEN W @ 27 Mar 2013 1008 CDT.

The Disposition section was last updated by ROBERTS, OWEN W @ 27 Mar 2013 1008 CDT - see above. Previous Version of Disposition section was entered/updated by STUART, THERESA A @ 18 Mar 2013 1517 CDT.

Released w/o Limitations

The following Text Note Was Deleted by STUART, THERESA A @ 18 Mar 2013 1523 CDT.

Note Written by STUART, THERESA A @ 18 Mar 2013 1522 CDT.

Nursing Note

Lab evaluation

Ambulated to clinic after labs done, today Magnesium 1.60. Pt. taking Magnesium 2 Bid, will continue with this dosing. Will see Dr. Varner 1 April. Left clinic ambulatory

Name/SSN: COTTEN, TONI D/602901058

Sex: F  
FMP/SSN: 02/417173405  
DOB: 27 Dec 1994  
PCat: F41 USAF FAM MBR AD  
MC Status: TRICARE PRIME (CHAMPUS)  
Insurance: No

Tel H: 228-424-5975  
Tel W:  
CS:  
Status:

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
Rank: MASTER SERGEANT  
Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)  
Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS  
PCM: VOEGELE, LAURA L  
Tel. PCM: 376.0402; 376.2550

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## CHRONOLOGICAL RECORD OF MEDICAL CARE

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STANDARD FORM 600 (REV. 5)  
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## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: COTTEN, TONI D  
Treatment Facility: 81ST MEDICAL  
GROUP  
Patient Status: Outpatient

Date: 04 Mar 2013 1550 CDT  
Clinic: ONCOLOGY/HEMATOLOGY  
CLINIC

Appt Type: T-CON\*  
Provider: ROBERTS, OWEN W  
Call Back Phone: (228)-424-5975

Reason for Telephone Consult: Written by PAYTON, TAKA H @ 04 Mar 2013 1550 CDT  
NETWORK RESULTS- CARDIOLOGY 2/13

G0 P0. LMP: 02 Jun 2012.

SO Note Written by PAYTON, TAKA H @ 04 Mar 2013 1551 CDT

Subjective

PLEASE REVIEW THE RESULTS IN CLINICAL NOTES DATED 3/4/13 TITLED NETWORK RESULTS CARDIOLOGY 2/13  
#130131-02476

A/P Last updated by ROBERTS, OWEN W @ 05 Mar 2013 0840 CDT

1. Outpatient Physician Consultation
2. Sick cell thalassemia

Disposition Last updated by ROBERTS, OWEN W @ 05 Mar 2013 0840 CDT

Follow up: in the ONCOLOGY/HEMATOLOGY CLINIC clinic.

Note Written by ROBERTS, OWEN W @ 05 Mar 2013 0835 CDT

Acknowledge above t-con.

Patient recently seen by Dr. Troutman of Coast Cardiovascular Consultants. Reviewed note put in clinical notes in AHLTA on which Dr. Troutman gave the following assessment:

In summary, Toni has a normal cardiac exam, EKG and echocardiogram. Her murmur is soft and innocent of the pulmonary outflow variety, which is very common in patients with anemia. Her chest pain history and exam are classical for a musculoskeletal etiology. I reassured Toni and her mother regarding the cardiac findings today. I requested she speak with you regarding the need for any future cardiac follow-up given her normal findings today and no history of recurrent transfusions over the last few years.

Sincerely,

W. Bradley Troutman MD

Patient to follow-up with me, as previously directed.

Signed By ROBERTS, OWEN W (Owen Roberts, Maj, USAF, MC, 81 MDG, Hematology-Oncology) @ 05 Mar 2013 0840

## CHANGE HISTORY

The following Disposition Note Was Overwritten by ROBERTS, OWEN W @ 05 Mar 2013 0840 CDT:

The Disposition section was last updated by ROBERTS, OWEN W @ 05 Mar 2013 0840 CDT - see above. Previous Version of Disposition section was entered/updated by PAYTON, TAKA H @ 04 Mar 2013 1551 CDT.

The following A/P Note Was Overwritten by ROBERTS, OWEN W @ 05 Mar 2013 0840 CDT:

The A/P section was last updated by ROBERTS, OWEN W @ 05 Mar 2013 0840 CDT - see above. Previous Version of A/P section was entered/updated by PAYTON, TAKA H @ 04 Mar 2013 1551 CDT.

1. Outpatient Physician Consultation

Name/SSN: COTTEN, TONI D/602901058

Sex: F  
FMP/SSN: 02/417173405  
DOB: 27 Dec 1994  
PCat: F41 USAF FAM MBR AD  
MC Status: TRICARE PRIME (CHAMPUS)  
Insurance: No  
Tel H: 228-424-5975  
Tel W:  
CS:  
Status:

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
Rank: MASTER SERGEANT  
Unit: FFHV6 (0060 OPERATIONS SUPPORT SQ)  
Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS  
PCM: VOEGELE, LAURA L  
Tel PCM: 376.0402; 376.2550

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: COTTEN, TONI D

Treatment Facility: 81ST MEDICAL  
GROUP

Patient Status: Outpatient

Date: 31 Jan 2013 1714 CST

Clinic: ONCOLOGY/HEMATOLOGY  
CLINIC

Appt Type: T-CON\*

Provider: ROBERTS, OWEN W

Call Back Phone: (228)-424-5975

AutoCites Refreshed by ROBERTS, OWEN W @ 04 Feb 2013 1103 CST

## Allergies

•No Known Allergies

## Vitals

No Vitals Found.

Reason for Telephone Consult: Written by DRUNZER, KYLE M @ 31 Jan 2013 1714 CST

Pt's mother wishes to have Dr Roberts send referral over to Dr. Trautman.

Telephone Consult Comments: Written by DRUNZER, KYLE M @ 31 Jan 2013 1714 CSTPt's mother called at 1500 requesting that Dr Roberts send a referral over to Dr Trautman over at Coast Cardiovascular Consints.  
The Dr's phone number is 392-7425.

G0 P0. LMP: 02 Jun 2012.

A/P Written by ROBERTS, OWEN W @ 04 Feb 2013 1105 CST

1. Sickle cell thalassemia

Disposition Last updated by ROBERTS, OWEN W @ 04 Feb 2013 1105 CST

Follow up: in the ONCOLOGY/HEMATOLOGY CLINIC clinic.

Note Written by ROBERTS, OWEN W @ 04 Feb 2013 1105 CST

Placed Cardiology consult for patient, as requested.

Signed By ROBERTS, OWEN W (Owen Roberts, Maj, USAF, MC, 81 MDG, Hematology-Oncology) @ 04 Feb 2013 1105

## CHANGE HISTORY

The following Disposition Note Was Overwritten by ROBERTS, OWEN W @ 04 Feb 2013 1105 CST:The Disposition section was last updated by ROBERTS, OWEN W @ 04 Feb 2013 1105 CST - see above. Previous Version of Disposition section was entered/updated by  
DRUNZER, KYLE M @ 31 Jan 2013 1717 CST.

Name/SSN: COTTEN, TONI D/602901058

Sex: F

Sponsor/SSN: BARTEE, LYNNITA M/417173405

FMP/SSN: 02/417173405

Tel H: 228-424-5975

Rank: MASTER SERGEANT

DOB: 27 Dec 1994

Tel W:

Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)

PCat: F41 USAF FAM MBR AD

CS:

Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS

MC Status: TRICARE PRIME (CHAMPUS)

Status:

PCM: VOEGELE, LAURA L

Insurance: No

Tel. PCM: 376.0402; 376.2550

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: COTTEN, TONI D  
Treatment Facility: 81ST MEDICAL  
GROUP  
Patient Status: Outpatient

Date: 17 Jan 2013 1425 CST  
Clinic: ONCOLOGY/HEMATOLOGY  
CLINIC

Appt Type: T-CON\*  
Provider: ROBERTS, OWEN W  
Call Back Phone: (228)-424-5975

AutoCites Refreshed by ROBERTS, OWEN W @ 22 Jan 2013 1547 CST

Allergies  
•No Known Allergies

Vitals  
No Vitals Found.

Reason for Telephone Consult: Written by DRUNZER, KYLE M @ 17 Jan 2013 1425 CST

Pt's mother would like to speak with Dr Roberts regarding a cardiology referral.

Telephone Consult Comments: Written by DRUNZER, KYLE M @ 17 Jan 2013 1425 CST

Pt's mother called at 1426 on 17 Jan 2013, stating that she had a question regarding a referral to cardiology and would like a call back. I verified the pt's full name, social and correct phone number.

G0 P0. LMP: 02 Jun 2012.

A/P Written by ROBERTS, OWEN W @ 23 Jan 2013 1555 CST

1. Sickle cell thalassemia
2. visit for: administrative purpose

Disposition Last updated by ROBERTS, OWEN W @ 23 Jan 2013 1555 CST

Follow up: in the ONCOLOGY/HEMATOLOGY CLINIC clinic.

Note Written by ROBERTS, OWEN W @ 23 Jan 2013 1553 CST

Patient's Mother indicates that the patient needs a Cardiology appt because she "follows up with them yearly," but I am unable to find any previous appts with Cardiology and pts mother unsure who the patient has seen in that department. Patient's mother reports she is going to get back to us about this issue.

Signed By ROBERTS, OWEN W (Owen Roberts, Maj, USAF, MC, 81 MDG, Hematology-Oncology) @ 23 Jan 2013 1555

## CHANGE HISTORY

The following Disposition Note Was Overwritten by ROBERTS, OWEN W @ 23 Jan 2013 1555 CST:

The Disposition section was last updated by ROBERTS, OWEN W @ 23 Jan 2013 1555 CST - see above. Previous Version of Disposition section was entered/updated by DRUNZER, KYLE M @ 17 Jan 2013 1431 CST.

Name/SSN: COTTEN, TONI D/602901058

Sex: F  
FMP/SSN: 02/417173405  
DOB: 27 Dec 1994  
PCat: F41 USAF FAM MBR AD  
MC Status: TRICARE PRIME (CHAMPUS)  
Insurance: No  
Tel H: 228-424-5975  
Tel W:  
CS:  
Status:

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
Rank: MASTER SERGEANT  
Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)  
Outpt Rec. Rm: 10 KEESSLER OUTPATIENT RECORDS  
PCM: VOEGELE, LAURA L  
Tel. PCM: 376.0402;376.2550

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## CHRONOLOGICAL RECORD OF MEDICAL CARE

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## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: COTTEN, TONI D  
Treatment Facility: 81ST MEDICAL  
GROUP  
Patient Status: Outpatient

Date: 17 Jan 2013 1100 CST  
Clinic: ONCOLOGY/HEMATOLOGY  
CLINIC

Appt Type: EST  
Provider: ROBERTS, OWEN W

AutoCites Refreshed by ROBERTS, OWEN W @ 17 Jan 2013 1126 CST

## Allergies

•No Known Allergies

## Vitals

Vitals Written by SIMPSON, STACI M @ 17 Jan 2013 1103 CST

BP: 110/71, HR: 73, T: 98.4 °F, HT: 64 in, WT: 121.1 lbs, SpO<sub>2</sub>: 100%, BMI: 20.79, BSA: 1.58 square meters,  
Tobacco Use: No, Alcohol Use: No, Pain Scale: 0 Pain Free

## Reason for Appointment:

2 Month Follow Up

## Appointment Comments:

KMD

G0 P0. LMP: 02 Jun 2012.

## Vitals

Vitals Written by SIMPSON, STACI M @ 17 Jan 2013 1103 CST

BP: 110/71, HR: 73, T: 98.4 °F, HT: 64 in, WT: 121.1 lbs, SpO<sub>2</sub>: 100%, BMI: 20.79, BSA: 1.58 square meters,

Tobacco Use: No, Alcohol Use: No, Pain Scale: 0 Pain Free

A/P Written by ROBERTS, OWEN W @ 22 Jan 2013 0845 CST

I. Sickle cell thalassemia

Disposition Written by ROBERTS, OWEN W @ 22 Jan 2013 0847 CST

## Released w/o Limitations

Follow up: 2 month(s) in the ONCOLOGY/HEMATOLOGY CLINIC clinic or sooner if there are problems.

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Note Written by ROBERTS, OWEN W @ 22 Jan 2013 0846 CST

## Chief Complaint

Follow-up Sickle-Beta (0) Thalassemia

## History of present illness

18 year old female with known Sickle-Beta (0) Thalassemia, previously seen here at Keesler by Pediatric Hematology, but who had her initial evaluation (by me) in Aug 2012 and has continued to follow-up with me since that time. Patient currently taking 1500 mg PO daily of Hydrea in a divided dose (increased from 1000 mg daily at pts last visit). Patient previously had self-admitted noncompliance, but she has reported better compliance lately. At her last visit in late Nov 2012, patient had noted some worsening pain in her hips (R>L), similar to that which led to her hip surgery earlier this year (in Feb 2012), so she was referred to Orthopedics for further evaluation of this, with subsequent workup/follow-up by them (including further imaging) which revealed evidence of improving bone infarct but no osteonecrosis. Pain improved somewhat, per patient. No other bone pain noted. No chest pain or SOB reported. No noted fevers or chills. No bleeding symptoms. Pt denies any problems with the Hydrea, including no fatigue, mouth sores, leg ulcers, diarrhea or other symptoms.

## Past medical/surgical history

Sickle cell anemia

Name/SSN: COTTEN, TONI D/602901058

FMP/SSN: 02/417173405  
DOB: 27 Dec 1994  
PCar: F41 USAF FAM MBR AD  
MC Status: TRICARE PRIME (CHAMPUS)  
Insurance: No

Sex: F  
Tel H: 228-424-5975  
Tel W:  
CS:  
Status:

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
Rank: MASTER SERGEANT  
Unit: FPHV0 (0060 OPERATIONS SUPPORT SQ)  
Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS  
PCM: VOEGELE, LAURA L  
Tel. PCM: 376.0402;376.2550

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE	
17 Jan 2013 1100	Facility: 81st Medical Group	Clinic: Oncology/Hematology Clinic      Provider: ROBERTS, OWEN W

- Pt has reportedly auto-infarcted her spleen
- Pt has received ~5 units of pRBCs previously

Headaches/migraines

- Has been put on Topamax by a Neurologist

Decompression of left femoral head following AVN (Feb 2012)  
Wisdom teeth removal.

Allergies: NKDA

Medications:

*Pt has not been taking any of these meds recently:*

- Hydroxyurea 1000mg PO daily
- Singulair 10mg PO daily
- Folic acid 1mg PO daily
- Motrin 600mg PO q4-6h PRN pain
- Tylenol PO PRN abdominal pain
- Topamax 25mg PO daily
- Estradiol+Norelgestromen patch [last used for 2 weeks from 30 May 2012 through 13 Jun 2012]
- Vitamin D/Calcium (400 units/600mg) PO daily
- Tylenol #3 1 tab PO q4-6h PRN pain not relieved by Motrin

Social history

Tobacco: None.

EtOH: None.

Family History

Pts father had sickle cell trait, and Mother has thalassemia trait.

Review of systems

**Systemic symptoms:** No fever, no chills, and no night sweats. No recent wt changes. No new lumps or bumps.

**Head symptoms:** No headache.

**Eye symptoms:** No worsening vision.

**Cardiovascular symptoms:** No chest pain or discomfort and no palpitations. No limb swelling.

**Pulmonary symptoms:** No dyspnea. No cough.

**Gastrointestinal symptoms:** Normal appetite, no nausea, no vomiting, no abdominal pain, no bright red blood per rectum, and no diarrhea or constipation.

**Genitourinary symptoms:** No hematuria. No incontinence.

**Neurological symptoms:** No limb weakness and no tingling of the feet.

**Hematologic:** No easy bruising or easy bleeding. No bleeding gums. No epistaxis.

**Psychological symptoms:** Energy normal. Mood "fine."

**Skin symptoms:** No skin lesions and no rash.

Physical findings

**Vital signs:**

° Current vital signs reviewed. See above in AHLTA note.

**General appearance:**

° Awake. ° Alert. ° Oriented to time, place, and person. ° Well developed. ° Well nourished. ° In no acute distress.

**HEENT:**

PERRL. EOML.

Name/SSN: COTTEN, TONI D/602901058

Sex: F	Sponsor/SSN: BARTEE, LYNNITA M/417173405
FMP/SSN: 02/417173405	Rank: MASTER SERGEANT
DOB: 27 Dec 1994	Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)
PCat: F41 USAF FAM MBR AD	Outpt Rec. Rm: 10 KEESSLER-OUTPATIENT RECORDS
MC Status: TRICARE PRIME (CHAMPUS)	PCM: VOEGELE, LAURA L
Insurance: No	Tel. PCM: 376.0402.376.2550

CHRONOLOGICAL RECORD OF MEDICAL CARE

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
17 Jan 2013 1100	Facility: 81st Medical Group	Clinic: Oncology/Hematology Clinic	Provider: ROBERTS, OWEN W

Normocephalic. Atraumatic.  
No active epistaxis or bleeding gums.

**Neck:**

Supple. No masses. No lymphadenopathy.

**Lungs:**

- No intercostal inspiratory retraction was observed. Clear to auscultation bilaterally • No Wheezing was heard.
- No Rhonchi were heard. • No rales/crackles heard.

**Cardiovascular system:**

Heart Rate And Rhythm: ° Normal.  
Heart Sounds: ° S1 normal. ° S2 normal.  
Murmurs: ° No murmurs were heard.  
Arterial Pulses: ° Normal.  
Edema: ° Not present.

**Abdomen:**

Visual Inspection: Normal. ° Abdomen was not distended.  
Auscultation: ° Bowel sounds were normal.  
Palpation: ° Abdomen was soft. ° No abdominal tenderness. ° No mass was palpated in the abdomen.  
Hepatic Findings: ° Liver was not enlarged.  
Spleenic Findings: ° Spleen was not enlarged.

**Neurological:**

° Level of consciousness was normal.

**Psychiatric Exam:**

° Affect was normal.

**Skin:**

° Turgor was normal. ° Showed no generalized erythema. ° Showed no ecchymosis.

**Lab Results**

Hemoglobin Electrophoresis Panel		Site/Specimen	29 Nov 2012 1037	Units	Ref Rng
Hemoglobin A	BLOOD	0.0 (L) %	94.5-98.2		
Hemoglobin S	BLOOD	74.1 %			
Hemoglobin A2	BLOOD	5.2 (H) %	1.8-3.5		
Hemoglobin F	BLOOD	20.7 (H) %	0.0-2.0		
Pathologist Review EP	BLOOD	SEE <r> <i>			
Sickle Cell Screen	BLOOD	POSITIVE (H)			

Comprehensive Metabolic Panel		Site/Specimen	29 Nov 2012 1037	Units	Ref Rng
Albumin	PLASMA	4.4 g/dL	(3.5-5.2)		
Bilirubin	PLASMA	0.9 <i>	mg/dL (0.0-0.9)		
Calcium	PLASMA	9.3 mg/dL	(8.4-10.2)		
Carbon Dioxide	PLASMA	23.0 mmol/L	(22-29)		
Chloride	PLASMA	103 mmol/L	(98-107)		
Creatinine	PLASMA	0.4 (L) <i>	mg/dL (0.5-1.2)		
Glucose	PLASMA	105.3 mg/dL	(70-115)		
Alkaline Phosphatase	PLASMA	63 U/L	(40-130)		
Potassium	PLASMA	3.7 mmol/L	(3.4-4.5)		
Protein	PLASMA	8.2 (H) g/dL	(6.0-8.0)		
Sodium	PLASMA	137 mmol/L	(136-145)		
Alanine Aminotransferase	PLASMA	12 U/L	(10-50)		
Aspartate Aminotransferase	PLASMA	26 U/L	(10-50)		
Urea Nitrogen	PLASMA	4.9 (L) mg/dL	(6-20)		

CBC W/Diff+Reticulocytes		Site/Specimen	29 Nov 2012 1037	Units	Ref Rng
WBC	BLOOD	5.4 <r> x10(3)/mcL	(4.5-12.5)		
RBC	BLOOD	3.83 x10(6)/mcL	(3.8-5.3)		

Name/SSN: COTTEN, TONI D/602901058

FMP/SSN: 02/417173405	Sex: F	Sponsor/SSN: BARTEE, LYNNITA M/417173405
DOB: 27 Dec 1994	Tel H: 228-424-5975	Rank: MASTER SERGEANT
PCat: F41 USAF FAM MBR AD	Tel W:	Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)
MC Status: TRICARE PRIME (CHAMPUS)	CS:	Outpt Rec. Rm: 10 KESLER OUTPATIENT RECORDS
Insurance: No	Status:	PCM: VOEGELE, LAURA L
		Tel. PCM: 376.0402; 376.2550

**CHRONOLOGICAL RECORD OF MEDICAL CARE**

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
17 Jan 2013 1100	Facility: 81st Medical Group	Clinic: Oncology/Hematology Clinic	Provider: ROBERTS, OWEN W

Hemoglobin BLOOD 9.7 (L) g/dL (11.5-15.0)  
Hematocrit BLOOD 30.8 (L) % (36.0-47.0)  
MCV BLOOD 80.6 fL (80.0-96.0)  
MCH BLOOD 25.4 pg (23.0-34.0)  
MCHC BLOOD 31.5 g/dL (31.0-37.0)  
RDW CVBLOOD 25.7 (H) % (11.5-14.5)  
Platelets BLOOD 347 x10(3)/mcL (150-450)  
MPV BLOOD 8.4 fL (7.4-10.4)  
Neutrophils BLOOD 33.0 % (25.5-52.0)  
BasophilsBLOOD 0.0 % (0-2)  
Lymphocytes BLOOD 61.0 (H) % (33.0-45.0)  
Monocytes BLOOD 5.0 % (0-7.0)  
Eosinophils BLOOD 0.0 % (0-5.5)  
Slide BoxBLOOD STORED 5 SLOT #  
CommentBLOOD TARGET CELLS 3+  
Comment 2 BLOOD ANISOCYTOSIS 2+  
Comment 3 BLOOD SICKLE CELLS - NOTED  
Comment 4 BLOOD POLYCHROMASIA 1+  
Comment 5 BLOOD PLAT ADEQ  
WBC Estimate BLOOD WBC Estimation Performed  
WBC Estimate BLOOD Blood smear reviewed, results verified  
WBC Estimate BLOOD Diff/morphology microscopically verified  
Neutrophils Band Form BLOOD 1 % (0-11)  
Lymphocytes Atypical BLOOD 0 %  
Nucleated RBC/100 WBC BLOOD 84 (H) /100 WBCs (0-.1)  
Cell Count BLOOD 100 WBC'S  
Reticulocytes BLOOD 152.6 (H)x10(9)/L (18.2-143.0)  
Reticulocytes/1000 RBCs BLOOD 4.0 (H) % (0.5-2.6)  
Reticulocytes Immature/TotalBLOOD 0.410 (H)ratio (0.163-0.362)  
RBC BLOOD 3.83 x10(6)/mcL (3.8-5.3)

**CBC W/Diff+Reticulocytes Site/Specimen 29 Nov 2012 1037 Units Ref Rng**  
WBC BLOOD 5.4 <r> x10(3)/mcL (4.5-12.5)  
RBC BLOOD 3.83 x10(6)/mcL (3.8-5.3)  
**Hemoglobin BLOOD 9.7 (L) g/dL (11.5-15.0)**  
Hematocrit BLOOD 30.8 (L) % (36.0-47.0)  
MCV BLOOD 80.6 fL (80.0-96.0)  
MCH BLOOD 25.4 pg (23.0-34.0)  
MCHC BLOOD 31.5 g/dL (31.0-37.0)  
RDW CVBLOOD 25.7 (H) % (11.5-14.5)  
**Platelets BLOOD 347 x10(3)/mcL (150-450)**  
MPV BLOOD 8.4 fL (7.4-10.4)  
Neutrophils BLOOD 33.0 % (25.5-52.0)  
BasophilsBLOOD 0.0 % (0-2)  
Lymphocytes BLOOD 61.0 (H) % (33.0-45.0)  
Monocytes BLOOD 5.0 % (0-7.0)  
Eosinophils BLOOD 0.0 % (0-5.5)  
Slide BoxBLOOD STORED 5 SLOT #  
CommentBLOOD TARGET CELLS 3+  
Comment 2 BLOOD ANISOCYTOSIS 2+  
Comment 3 BLOOD SICKLE CELLS - NOTED  
Comment 4 BLOOD POLYCHROMASIA 1+  
Comment 5 BLOOD PLAT ADEQ  
WBC Estimate BLOOD WBC Estimation Performed  
WBC Estimate BLOOD Blood smear reviewed, results verified

Name/SSN: COTTEN, TONI D/602901058

Sex: F  
FMP/SSN: 02/417173405  
DOB: 27 Dec 1994  
PCat: F41 USAF FAM MBR AD  
MC Status: TRICARE PRIME (CHAMPUS)  
Insurance: No

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
Rank: MASTER SERGEANT  
Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)  
Outpt Rec. Rm: 10 KEESSLER OUTPATIENT RECORDS  
PCM: VOEGELE, LAURA L  
Tel. PCM: 376.0402;376.2550

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
17 Jan 2013 1100	Facility: 81st Medical Group	Clinic: Oncology/Hematology Clinic	Provider: ROBERTS, OWEN W

WBC Estimate BLOOD Diff/morphology microscopically verified  
 Neutrophils Band Form BLOOD 1 % (0-11)  
 Lymphocytes Atypical BLOOD 0 %  
 Nucleated RBC/100 WBC BLOOD 84 (H) /100 WBCs (0-.1)  
 Cell Count BLOOD 100 WBC'S  
 Reticulocytes BLOOD 152.6 (H)x10(9)/L (18.2-143.0)  
 Reticulocytes/1000 RBCs BLOOD 4.0 (H) % (0.5-2.6)  
 Reticulocytes Immature/Total BLOOD 0.410 (H)ratio (0.163-0.362)  
 RBC BLOOD 3.83 x10(6)/mcL (3.8-5.3)

Comprehensive Metabolic Panel	Site/Specimen	29 Nov 2012 1037	Units	Ref Rng
Albumin PLASMA	4.4 g/dL	(3.5-5.2)		
Bilirubin PLASMA	0.9 <i>	mg/dL	(0.0-0.9)	
Calcium PLASMA	9.3 mg/dL	(8.4-10.2)		
Carbon Dioxide PLASMA	23.0 mmol/L	(22-29)		
Chloride PLASMA	103 mmol/L	(98-107)		
Creatinine PLASMA	0.4 (L) <i>	mg/dL	(0.5-1.2)	
Glucose PLASMA	105.3 mg/dL	(70-115)		
Alkaline Phosphatase PLASMA	63 U/L	(40-130)		
Potassium PLASMA	3.7 mmol/L	(3.4-4.5)		
Protein PLASMA	8.2 (H) g/dL	(6.0-8.0)		
Sodium PLASMA	137 mmol/L	(136-145)		
Alanine Aminotransferase PLASMA	12 U/L	(10-50)		
Aspartate Aminotransferase PLASMA	26 U/L	(10-50)		
Urea Nitrogen PLASMA	4.9 (L) mg/dL	(6-20)		

Hemoglobin Electrophoresis Panel	Site/Specimen	06 Sep 2012 1033	Units	Ref Rng
Hemoglobin A BLOOD	0.0 (L) %	94.5-98.2		
Hemoglobin S BLOOD	76.8 %			
Hemoglobin A2 BLOOD	5.7 (H) %	1.8-3.5		
Hemoglobin F BLOOD	17.5 (H) %	0.0-2.0		
Pathologist Review EP	BLOOD SEE <> <i>			
Sickle Cell Screen BLOOD	POSITIVE (H)			

Comprehensive Metabolic Panel	Site/Specimen	06 Sep 2012 1033	Units	Ref Rng
Albumin PLASMA	4.5 g/dL	(3.5-5.2)		
Bilirubin PLASMA	0.8 <i>	mg/dL	(0.0-0.9)	
Calcium PLASMA	9.3 mg/dL	(8.4-10.2)		
Carbon Dioxide PLASMA	18.4 (L) mmol/L	(22-29)		
Chloride PLASMA	105 mmol/L	(98-107)		
Creatinine PLASMA	0.5 <i>	mg/dL	(0.5-1.2)	
Glucose PLASMA	79.1 mg/dL	(70-115)		
Alkaline Phosphatase PLASMA	77 U/L	(40-130)		
Potassium PLASMA	4.2 mmol/L	(3.4-4.5)		
Protein PLASMA	8.3 (H) g/dL	(6.0-8.0)		
Sodium PLASMA	138 mmol/L	(136-145)		
Alanine Aminotransferase PLASMA	12 U/L	(10-50)		
Aspartate Aminotransferase PLASMA	28 U/L	(10-50)		
Urea Nitrogen PLASMA	5.4 (L) mg/dL	(6-20)		

CBC W/Diff	Site/Specimen	06 Sep 2012 1033	Units	Ref Rng
WBC BLOOD	6.7 x10(3)/mcL	(4.5-12.5)		
RBC BLOOD	3.53 (L) x10(6)/mcL	(3.8-5.3)		
Hemoglobin BLOOD	9.1 (L) g/dL	(11.5-15.0)		

Name/SSN: COTTEN, TONI D/602901058

Sex: F  
 FMP/SSN: 02/417173405  
 Tel H: 228-424-5975  
 DOB: 27 Dec 1994  
 Tel W:  
 PCat: F41 USAF FAM MBR AD  
 CS:  
 MC Status: TRICARE PRIME (CHAMPUS)  
 Status:  
 Insurance: No

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
 Rank: MASTER SERGEANT  
 Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)  
 Outpt Rec. Rm: 10 KEESSLER OUTPATIENT RECORDS  
 PCM: VOEGELE, LAURA L  
 Tel. PCM: 376.0402;376.2550

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CHRONOLOGICAL RECORD OF MEDICAL CARE  
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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
17 Jan 2013 1100	Facility: 81st Medical Group	Clinic: Oncology/Hematology Clinic	Provider: ROBERTS, OWEN W

Hematocrit BLOOD 28.1 (L) % (36.0-47.0)  
 MCV BLOOD 79.7 (L) fL (80.0-96.0)  
 MCH BLOOD 25.7 pg (23.0-34.0)  
 MCHC BLOOD 32.2 g/dL (31.0-37.0)  
 RDW CVBLOOD 24.5 (H) % (11.5-14.5)  
 Platelets BLOOD 310 x10(3)/mcL (150-450)  
 MPV BLOOD 8.3 fL (7.4-10.4)  
 Neutrophils BLOOD 39.0 % (25.5-52.0)  
 Basophils BLOOD 1.0 % (0-2)  
 Lymphocytes BLOOD 48.0 (H) % (33.0-45.0)  
 Monocytes BLOOD 12.0 (H) % (0-7.0)  
 Eosinophils BLOOD 0.0 % (0-5.5)  
 Anisocytosis BLOOD 2+  
 Slide Box BLOOD STORED 8 SLOT #  
 Comment BLOOD TARGET CELLS 2+  
 Comment 2 BLOOD SICKLE CELLS 1+  
 Comment 3 BLOOD POLYCHROMASIA 1+  
 Comment 4 BLOOD BASO STP - NOTED -A- <=>  
 Comment 5 BLOOD PLAT ADEQ  
 WBC Estimate BLOOD WBC Estimation Performed  
 WBC Estimate BLOOD Blood smear reviewed, results verified  
 WBC Estimate BLOOD Diff/morphology microscopically verified  
 Cell Count BLOOD 100 WBC'S

Hemoglobin Electrophoresis Panel	Site/Specimen	06 Aug 2012 1357 Units	Ref Rng
Hemoglobin A	BLOOD 0.0 (L) %	94.5-98.2	
Hemoglobin S	BLOOD 76.0 %		
Hemoglobin A2	BLOOD 5.5 (H) %	1.8-3.5	
Hemoglobin F	BLOOD 18.5 (H) %	0.0-2.0	
Pathologist Review EP	BLOOD SEE <=> <=>		
Sickle Cell Screen	BLOOD POSITIVE (H)		

Viscosity Site/Specimen	06 Aug 2012 1357 Units	Ref Rng
Viscosity SERUM 1.7	1.5-1.9	

**A/P****1. SICKLE CELL THALASSEMIA:**

Pt presents, as above, for follow-up of her known HgbS/Beta (0) thalassemia. Patient remains on Hydrea, which she has been on chronically, and seems to be more compliant with her medication than in the past. Hgb F > 20% on most recent electrophoresis (compared with ~17-18% on previous checks), likely reflective of pts improved compliance with the Hydrea. Since patient doing better with regard to the Hydrea, will continue to slowly titrate the medication (as long as pt does not develop any significant cytopenias as a result); specifically, will have pt increase Hydrea to 1000 mg PO BID. Will obtain repeat labs today, and will continue to obtain these labs around the time of pts subsequent follow-up visits (which are currently Q1-2 months).

- Increased Hydrea dose from 1500 mg PO daily to 2000 mg PO daily (in divided doses)
- Patient to continue taking daily folate supplementation (1 mg PO daily)
- Previously ordered recurring labs for the patient to have done prior to each clinic visit (i.e. CBC, CMP, Hgb electrophoresis); patient to have repeat labs done today

**Name/SSN: COTTEN, TONI D/602901058**

FMP/SSN: 02/417173405	Sex: F	Sponsor/SSN: BARTEE, LYNNITA M/417173405
DOB: 27 Dec 1994	Tel H: 228-424-5975	Rank: MASTER SERGEANT
PCat: F41 USAF FAM MBR AD	Tel W:	Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)
MC Status: TRICARE PRIME (CHAMPUS)	CS:	Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS
Insurance: No	Status:	PCM: VOEGELE, LAURA L
		Tel. PCM: 376.0402; 376.2550

**CHRONOLOGICAL RECORD OF MEDICAL CARE**

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE	
17 Jan 2013 1100	Facility: 81st Medical Group	Clinic: Oncology/Hematology Clinic      Provider: ROBERTS, OWEN W

-- Patient to follow-up in Hem-Onc clinic again in 1 month (i.e. March 2013)

Signed By ROBERTS, OWEN W (Owen Roberts, Maj, USAF, MC, 81 MDG, Hematology-Oncology) @ 22 Jan 2013 0847

Name/SSN: COTTEN, TONI D/602901058

FMP/SSN: 02/417173405	Sex: F	Sponsor/SSN: BARTEE, LYNNITA M/417173405
DOB: 27 Dec 1994	Tel H: 228-424-5975	Rank: MASTER SERGEANT
PCat: P41 USAF FAM MBR AD	Tel W:	Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)
MC Status: TRICARE PRIME (CHAMPUS)	CS:	Outpt Rec. Rm: 10 KESLER OUTPATIENT RECORDS
Insurance: No	Status:	PCM: VOEGELE, LAURA L
		Tel. PCM: 376.0402:376.2550

CHRONOLOGICAL RECORD OF MEDICAL CARE

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## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: COTTEN, TONI D  
Treatment Facility: 81ST MEDICAL  
GROUP  
Patient Status: Outpatient

Date: 14 Jan 2013 1010 CST  
Clinic: ORTHOPEDIC CLINIC

Appt Type: EST  
Provider: EISENHUTH, SCOTT A

Reason for Appointment:  
f/u MRI review  
Appointment Comments:  
coj

G0 P0. LMP: 02 Jun 2012.

SO Note Written by EISENHUTH, SCOTT A @ 14 Jan 2013 1157 CST

History of present illness

The Patient is an 18 year old female.  
She reported: Encounter Background Information: See dictation below.

A/P Last Updated by EISENHUTH, SCOTT A @ 14 Jan 2013 1158 CST

1. Aseptic necrosis of the femoral head

Disposition Last Updated by EISENHUTH, SCOTT A @ 14 Jan 2013 1158 CST

Released w/o Limitations

Follow up: as needed in the ORTHOPEDIC CLINIC clinic.

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Note Written by GARRETT, MELISSA A @ 16 Jan 2013 1111 CST

**CHIEF COMPLAINT:** This is a followup appointment for Toni, who I have been following for left hip osteonecrosis of the femoral head.

**HISTORY OF PRESENT ILLNESS:** She has sickle cell anemia and underwent a left hip core decompression on February 22. She is now about 11 months out from that surgery. When I last saw her in December, she was describing some worsening pain in her right hip, and I therefore sent her for an MRI. She returns today for follow up of those MRI results. Since I last saw her, she continues to describe pain only in the right hip. She cannot really tell if this is in the groin pain or just the upper thigh, but based on the area where she is pointing, it seems more like upper thigh area, rather than the groin itself. She denies any tenderness to palpation over her greater trochanters. She denies any significant pain in the left hip.

**RADIOGRAPHIC STUDIES:** The MRI was reviewed. Fortunately, there is no evidence of any osteonecrosis of the right femoral head or neck. It appears normal. However, there does appear to be interval development of a bone infarct in the proximal femoral diathesis in the subtrochanteric area without any evidence of fracture. She has a similar area in the left femoral diathesis that was previously seen on a previous MRI that has actually

Name/SSN: COTTEN, TONI D/602901058

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Insurance: No  
Tel H: 228-424-5975  
Tel W:  
CS:  
Status:

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
Rank: MASTER SERGEANT  
Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)  
Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS  
PCM: VOEGELE, LAURA L  
Tel. PCM: 376.0402; 376.2550

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CHRONOLOGICAL RECORD OF MEDICAL CARE

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE	
14 Jan 2013 1010	Facility: 81st Medical Group	Clinic: Orthopedic Clinic      Provider: EISENHUTH, SCOTT A

decreased in size. There are post-surgical changes in the left femoral head consistent with her previous core decompression.

**ASSESSMENT:** I am very pleased that she does not have development of avascular necrosis in the right femoral head. I think that the pain in this hip area is probably coming from the bone infarct that is new on today's MRI compared to previous. She does have a very similar lesion on the left leg that has improved between the MRIs. She has no collapse of the left femoral head after her previous core decompression 11 months ago.

**PLAN:** I advised her and her mother that there is no acute intervention needed. She does not do any type of high-impact activities, and I really do not think that we have to restrict her activities at all. This should not require any surgical intervention. Hopefully, the pain will decrease in time, but I again stressed to her that she needs to come back to see me if she has any changes in the pain in that right hip, particularly if it seems to be in her groin area, as this may be a sign of avascular necrosis of the right femoral head, with her sickle cell disease.

Signed By EISENHUTH, SCOTT A (Scott A. Eisenhuth, MD, Maj, USAF, MC, Orthopaedic Surgeon, 81st Medical Group, Keesler AFB) @  
16 Jan 2013 1658

Name/SSN: COTTEN, TONI D/602901058

Sex: F	Sponsor/SSN: BARTEE, LYNNITA M/417173405
FMP/SSN: 02/417173405	Rank: MASTER SERGEANT
DOB: 27 Dec 1994	Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)
PCat: F41 USAF FAM MBR AD	Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS
MC Status: TRICARE PRIME (CHAMPUS)	PCM: VOEGELE, LAURA L
Insurance: No	Tel. PCM: 376.0402:376.2550

CHRONOLOGICAL RECORD OF MEDICAL CARE

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81ST MEDICAL GROUP

30 Aug 2013@0949

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COTTEN, TONI D

OUTPATIENT/INPATIENT MEDICATION PROFILE

From: 01 Jan 2012 To: 30 Aug 2013

MEDICATION/SIG	START/EXP DATE	ORDERING HCP	PT TYP
CEFAZOLIN 1GM INJ (ANCEF/KEFZOL)--IV 1GM IVP: 1GM	21 Feb 2012 22 Feb 2012	EISENHUTH	OUT
HYDROCODONE/APAP 5/500MG (VICODIN) TAB-- RX: T1 TB PO Q6H PP #40 RF0	22 Feb 2012 23 Mar 2012	EISENHUTH	INP
STADOL--INJ 2MG/ML VIAL MED: 2MG Q4H	22 Feb 2012 23 Feb 2012	EISENHUTH	INP
DIPHENHYDRAMINE--INJ 50MG/ML SYRN MED: 25MG Q6H	22 Feb 2012 22 Feb 2012	EISENHUTH	INP
METOCLOPRAMIDE HCL-INJ 5MG/ML (10MG/2ML) MED: 10MG Q6H	22 Feb 2012 23 Feb 2012	EISENHUTH	INP
MORPHINE SULFATE/PF (DURAMORPH) 1MG/ML-- MED: 0.5MG NOW	22 Feb 2012 24 Feb 2012	EISENHUTH	INP
NALOXONE HCL--INJ 0.4MG/ML AMP MED: 1EACH QAM	22 Feb 2012 23 Feb 2012	EISENHUTH	INP
NALOXONE HCL--INJ 0.4MG/ML AMP MED: 1EACH QAM	22 Feb 2012 23 Feb 2012	EISENHUTH	INP
ONDANSETRON 4MG/2ML (ZOFTRAN)--IV 4MG/2ML MED: 4MG Q6H	22 Feb 2012 23 Feb 2012	EISENHUTH	INP
MORPHINE SULFATE--INJ 2MG SYRN MED: 1EA Q4H	22 Feb 2012 22 Feb 2012	EISENHUTH	INP
DIPHENHYDRAMINE--INJ 50MG/ML SYRN MED: 12.5MG Q8H	22 Feb 2012 23 Feb 2012	EISENHUTH	INP
BISACODYL (DULCOLAX) 5MG E.C. TAB--PO 5M MED: 2EA BID	22 Feb 2012 23 Feb 2012	EISENHUTH	INP
DOCUSATE CALCIUM (SURFAK) 240MG ORAL CAP MED: 1EA BID	22 Feb 2012 23 Feb 2012	EISENHUTH	INP
CEFAZOLIN 1GM INJ (ANCEF/KEFZOL)--IV 1GM IVP: 1GM Q8H	22 Feb 2012 25 Feb 2012	EISENHUTH	INP
MORPHINE SULFATE--INJ 2MG SYRN MED: 1EA Q4H	22 Feb 2012 23 Feb 2012	EISENHUTH	INP
OXYCODONE 5MG/ACETAMIN 325MG--PO TAB MED: 2EA Q4H	23 Feb 2012 23 Feb 2012	PAYNTER	INP
MORPHINE SULFATE--INJ 2MG SYRN MED: 1EA QH	23 Feb 2012 23 Feb 2012	PAYNTER	INP

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SODIUM CHLORIDE--INJ 0.9% SOLN MED: 1EA	26 Feb 2012 27 Feb 2012	PAYNTER	INP
ONDANSETRON 4MG/2ML (ZOFTRAN)--IV 4MG/2ML MED: 4MG Q4H	26 Feb 2012 28 Feb 2012	PAYNTER	INP
MORPHINE 30MG/30ML INJ (PCA)--INJ 1MG/ML MED: 30MG Q6H	26 Feb 2012 27 Feb 2012	PAYNTER	INP
NALOXONE HCL--INJ 0.4MG/ML AMP MED: 1EACH QAM	26 Feb 2012 28 Feb 2012	PAYNTER	INP
OXYCODONE 5MG/ACETAMIN 325MG--PO TAB MED: 2EA Q4H	26 Feb 2012 28 Feb 2012	PAYNTER	INP
OXYCODONE 5MG/ACETAMIN 325MG--PO TAB RX: T1-2 TB PO Q4 PP #50 RF0	27 Feb 2012 28 Mar 2012	EISENHUTH	INP
TYLENOL #3-ACETAMIN 300MG/COD 30MG POTAB RX: T1 TB PO Q4-6H PP #25 RF0	11 Apr 2012 11 May 2012	KIM	OUT
ONDANSETRON 4MG ORAL TAB (ZOFTRAN)--PO 4M RX: T1 TB PO Q6H P FNV #10 RF0	11 Apr 2012 14 Apr 2012	KIM	OUT
TYLENOL #3-ACETAMIN 300MG/COD 30MG POTAB RX: T1 TB PO Q4-6H PP	11 May 2012 16 May 2012	POCREVA	OUT
TYLOX UNIT DOSE--PO CAP RX: IN ED	11 May 2012 10 Jun 2012	POCREVA	OUT
AZITHROMYCIN 500MG INJ (ZITHROMAX)--INJ IVP: 500MG NOW	12 May 2012 13 May 2012	DOSHI	OUT
ORTHO EVRA 20-150/24H TRANSDERM PATCH--T RX: APPLY 1 PATCH EVERY WEEK 3 TIMES PER MONTH THEN OFF ONE WEEK AND REPEAT CYCLE AS DIRECTED	30 May 2012 29 Jun 2012	STERING	OUT
ORTHO EVRA 20-150/24H TRANSDERM PATCH--T RX: APPLY 1 PATCH EVERY WEEK FOR 3 WEEKS THEN OFF FOR 1 WEEK AS DIRECTED	27 Jun 2012 26 Jun 2013	RENSCH	OUT
IBUPROFEN 600MG--PO 600MG TAB RX: TAKE ONE TABLET BY MOUTH EVERY SIX HOURS AS NEEDED FOR PAIN	06 Aug 2012 17 Jul 2013	ROBERTS	OUT
HYDROXYUREA 500MG CAP (HYDREA)--PO 500MG RX: TAKE 3 CAPSULES BY MOUTH DAILY	29 Nov 2012 20 May 2013	ROBERTS	OUT
HYDROXYUREA 500MG CAP (HYDREA)--PO 500MG RX: TAKE 2 CAPSULES BY MOUTH TWICE A DAY	20 May 2013 19 May 2014	ROBERTS	OUT
IBUPROFEN 600MG--PO 600MG TAB RX: TAKE ONE TABLET BY MOUTH EVERY SIX HOURS AS NEEDED FOR PAIN	17 Jul 2013 16 Jul 2014	ROBERTS	OUT
ACETAMINOPHEN 500MG ORAL TAB (TYLENOL)-- RX: TAKE 1 TO 2 TABLETS EVERY SIX	17 Jul 2013 16 Jul 2014	ROBERTS	OUT

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HOURS AS NEEDED FOR PAIN (MAX 8  
TABLETS EVERY DAY, AVOID PRODUCTS  
CONTAINING TYLENOL)

=====

02/417-17-3405 COTTEN, TONI D  
27 Dec 1994 F  
[FE7]

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## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: COTTEN, TONI D  
Treatment Facility: 81ST MEDICAL  
GROUP  
Patient Status: Outpatient

Date: 05 Dec 2012 1000 CST  
Clinic: ORTHOPEDIC CLINIC

Appt Type: EST  
Provider: EISENHUTH, SCOTT A

Reason for Appointment:  
f/u bil hip px  
Appointment Comments:  
jrp

G0 P0. LMP: 02 Jun 2012.

SO Note Written by EISENHUTH, SCOTT A @ 05 Dec 2012 1101 CST

History of present illness

The Patient is a 17 year old female.  
She reported: Encounter Background Information: See dictation below.

A/P Last Updated by EISENHUTH, SCOTT A @ 05 Dec 2012 1104 CST

1. ASEPTIC NECROSIS OF THE FEMORAL HEAD

Consult(s): -Referred To: CON - MRI (Routine) Specialty: Clinic: REFERRAL MANAGEMENT CLINIC Primary  
Diagnosis: ASEPTIC NECROSIS OF THE FEMORAL HEAD

Disposition Last Updated by EISENHUTH, SCOTT A @ 05 Dec 2012 1104 CST

Released w/o Limitations

Follow up: in the ORTHOPEDIC CLINIC clinic. - Comments: after MRI complete

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Administrative Options: Consultation requested

Note Written by GARRETT, MELISSA A @ 10 Dec 2012 1224 CST

**CHIEF COMPLAINT:** This is a followup appointment for Toni, who I have been following for left hip osteonecrosis of the femoral head.

**HISTORY OF PRESENT ILLNESS:** She does have sickle cell disease and developed osteonecrosis in the left femoral head and underwent a left hip core decompression on February 22nd. She is now about 10 months out from that surgery. I have not actually seen her since April of this year. At that time I had strongly advised her to return if she had any change in her symptoms or increased pain in her hips, especially on the right hip. She comes back today because she has been having worsening pain in her right hip. Today, the right hip is more painful than the left. She notes that this right hip became more painful about 1-2 months ago. She has pain in that hip with prolonged sitting.

This is relatively relieved by getting up and walking around, although she really does not do any prolonged walking or any significant exercise or other impact activities. Of note, these were the same sort of symptoms she was having in her left hip when she had the osteonecrosis in that side. She does also notice similar sort of symptoms in her left hip, although not as severe. These were similar to what she was having before the surgery. When I saw her back in April, she was having no

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Sex: F  
FMP/SSN: 02/417173405  
DOB: 27 Dec 1994  
PCat: F41 USAF FAM MBR AD  
MC Status: TRICARE PRIME (CHAMPUS)  
Insurance: No  
Tel H: 228-424-5975  
Tel W:  
CS:  
Status:

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
Rank: MASTER SERGEANT  
Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)  
Output Rec. Rm: 10 KEESLER OUTPATIENT RECORDS  
PCM: VOEGELE, LAURA L  
Tel. PCM: 376.0402.376.2550

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CHRONOLOGICAL RECORD OF MEDICAL CARE

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE	
05 Dec 2012 1000	Facility: 81st Medical Group	Clinic: Orthopedic Clinic      Provider: EISENHUTH, SCOTT A

symptoms in her right hip whatsoever. Of note, she did have a sickle crisis in May of this year.

**RADIOGRAPHIC STUDIES:** New x-rays of bilateral hips were obtained today. No evidence of collapse of the femoral head. No evidence of joint space narrowing or arthritic degeneration. No evidence of problems with the core decompression on her left hip.

**ASSESSMENT:** Toni is having worsening symptoms in her right hip. These symptoms are very similar to what she was having in her left hip when the osteonecrosis developed on that side. This may have been related to the sickle cell crisis that she had in May of this year. Her mother is wondering if increasing her exercise may help. I do not think it would be harmful, but in the meantime I would like to obtain new MRI of bilateral hips.

**PLAN:** I want to see if she developed any osteonecrosis in the right side and also evaluate the status of the osteonecrosis in the left hip after her previous core decompression on that side. I will see her back after the MRI is complete.

Signed By EISENHUTH, SCOTT A (Scott A. Eisenhuth, MD, Maj, USAF, MC, Orthopaedic Surgeon, 81st Medical Group, Keesler AFB) @  
10 Dec 2012 1245

Name/SSN: COTTEN, TONI D/602901058

FMP/SSN: 02/417173405	Sex: F	Sponsor/SSN: BARTEE, LYNNITA M/417173405
DOB: 27 Dec 1994	Tel H: 228-424-5975	Rank: MASTER SERGEANT
PCat: F41 USAF FAM MBR AD	Tel W:	Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)
MC Status: TRICARE PRIME (CHAMPUS)	CS:	Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS
Insurance: No	Status:	PCM: VOEGELE, LAURA L
		Tel. PCM: 376.0402; 376.2550

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## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: COTTEN, TONID  
Treatment Facility: 81ST MEDICAL  
GROUP  
Patient Status: Outpatient

Date: 29 Nov 2012 1000 CST  
Clinic: ONCOLOGY/HEMATOLOGY  
CLINIC

Appt Type: EST  
Provider: ROBERTS, OWEN W

AutoCites Refreshed by ROBERTS, OWEN W @ 29 Nov 2012 1014 CST

Allergies  
•No Known Allergies

## Vitals

Vitals Written by SIMPSON, STACIM @ 29 Nov 2012 0958 CST

BP: 118/75, HR: 75, T: 98.6 °F, HT: 64 in, WT: 120.6 lbs, SpO<sub>2</sub>: 99%, BMI: 20.7, BSA: 1.578 square meters,  
Tobacco Use: No, Alcohol Use: No, Pain Scale: 0 Pain Free

## Reason for Appointment:

2 Month Follow Up

## Appointment Comments:

KMD

GO PO. LMP: 02 Jun 2012.

## Vitals

Vitals Written by SIMPSON, STACIM @ 29 Nov 2012 0958 CST

BP: 118/75, HR: 75, T: 98.6 °F, HT: 64 in, WT: 120.6 lbs, SpO<sub>2</sub>: 99%, BMI: 20.7, BSA: 1.578 square meters,  
Tobacco Use: No, Alcohol Use: No, Pain Scale: 0 Pain Free

A/P Last Updated by ROBERTS, OWEN W @ 29 Nov 2012 1038 CST

## 1. Sickle cell anemia

Laboratory(ies): -CBC W/DIFF/RETIC PANEL (Routine); CBC W/DIFF/RETIC PANEL (Routine) Start Date: 01/01/2013; CMP WITH GFR (Routine); CMP WITH GFR (Routine) Start Date: 01/01/2013; HGB ELECTROPHORESIS PANEL (Routine); HGB ELECTROPHORESIS PANEL (Routine) Start Date: 01/01/2013  
Consult(s): -Referred To: CON - ORTHOPEDICS (Routine) Specialty: Clinic: REFERRAL MANAGEMENT CLINIC  
Primary Diagnosis: Sickle cell anemia

Disposition Written by ROBERTS, OWEN W @ 04 Dec 2012 0745 CST

## Released w/o Limitations

Follow up: 1 month(s) in the ONCOLOGY/HEMATOLOGY CLINIC clinic or sooner if there are problems.

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Administrative Options: Consultation requested

Note Written by ROBERTS, OWEN W @ 04 Dec 2012 0745 CST

## Chief Complaint

Follow-up Sickle-Beta (0) Thalassemia

## History of present illness

17 year old female with known Sickle-Beta (0) Thalassemia, previously seen here at Keesler by Pediatric Hematology, but who had her initial evaluation (by me) in Aug 2012 and has continued to follow-up with me since that time. Patient currently taking 1000 mg PO daily of Hydrea in a divided dose. Patient previously had self-admitted noncompliance, but reports being better about taking her medication regularly. Since her last visit, patient notes developing worsening pain in both of her hips, similar to that which led to her hip surgery earlier this year (in Feb 2012). Pain in right hip is currently worse than in her left hip. Patient reports she is being set up with an Orthopedics follow-up to get her hips evaluated again. Otherwise, patient does not report any significant joint/bone aches recently, and she denies any chest symptoms. No noted fevers or chills. No shortness of breath. No bleeding symptoms. Pt denies any problems with the Hydrea, including no fatigue, mouth sores, leg ulcers, diarrhea or other symptoms.

Name/SSN: COTTEN, TONI D/602901058

Sex: F  
Tel H: 228-424-5975

Sponsor/SSN: BARTEE, LYNNITA M/417173405

Rank: MASTER SERGEANT

FMP/SSN: 02/417173405

DOB: 27 Dec 1994

Tel W:

Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)

PCat: F41 USAF FAM MBR AD

CS:

Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS

MC Status: TRICARE PRIME (CHAMPUS)

Status:

PCM: VOEGELE, LAURA L

Insurance: No

Tel. PCM: 376.0402; 376.2550

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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USA - 40

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE	
29 Nov 2012 1000	Facility: 81st Medical Group	Clinic: Oncology/Hematology Clinic      Provider: ROBERTS, OWEN W

Past medical/surgical history

Sickle cell anemia

- Pt has reportedly auto-infarcted her spleen
- Pt has received ~5 units of pRBCs previously

Headaches/migraines

- Has been put on Topamax by a Neurologist

Decompression of left femoral head following AVN (Feb 2012)  
Wisdom teeth removal.

Allergies: NKDAMedications:*Pt has not been taking any of these meds recently:*

- Hydroxyurea 1000mg PO daily
- Singulair 10mg PO daily
- Folic acid 1mg PO daily
- Motrin 600mg PO q4-6h PRN pain
- Tylenol PO PRN abdominal pain
- Topamax 25mg PO daily
- Estradiol+Norelgestromen patch [last used for 2 weeks from 30 May 2012 through 13 Jun 2012]
- Vitamin D/Calcium (400 units/600mg) PO daily
- Tylenol #3 1 tab PO q4-6h PRN pain not relieved by Motrin

Social history

Tobacco: None.

EtOH: None.

Family History

Pts father had sickle cell trait, and Mother has thalassemia trait.

Review of systems**Systemic symptoms:** No fever, no chills, and no night sweats. No recent wt changes. No new lumps or bumps.**Head symptoms:** No headache.**Eye symptoms:** No worsening vision.**Cardiovascular symptoms:** No chest pain or discomfort and no palpitations. No limb swelling.**Pulmonary symptoms:** No dyspnea. No cough.**Gastrointestinal symptoms:** Normal appetite, no nausea, no vomiting, no abdominal pain, no bright red blood per rectum, and no diarrhea or constipation.**Genitourinary symptoms:** No hematuria. No incontinence.**Neurological symptoms:** No limb weakness and no tingling of the feet.**Hematologic:** No easy bruising or easy bleeding. No bleeding gums. No epistaxis.**Psychological symptoms:** Energy normal. Mood "fine."**Skin symptoms:** No skin lesions and no rash.Physical findings**Vital signs:**

° Current vital signs reviewed. See above in AHLTA note.

Name/SSN: COTTEN, TONI D/602901058

FMP/SSN: 02/417173405	Sex: F	Sponsor/SSN: BARTEE, LYNNITA M/417173405
DOB: 27 Dec 1994	Tel H: 228-424-5975	Rank: MASTER SERGEANT
PCat: F41 USAF FAM MBR AD	Tel W:	Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)
MC Status: TRICARE PRIME (CHAMPUS)	CS:	Output Rec. Rm: 10 KEESLER OUTPATIENT RECORDS
Insurance: No	Status:	PCM: VOEGELE, LAURA L
		Tel. PCM: 376.0402; 376.2550

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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USA - 41

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
29 Nov 2012 1000	Facility: 81st Medical Group	Clinic: Oncology/Hematology Clinic	Provider: ROBERTS, OWEN W

**General appearance:**

° Awake. ° Alert. ° Oriented to time, place, and person. ° Well developed. ° Well nourished. ° In no acute distress.

**HEENT:**

PERRL EOML

Normocephalic. Atraumatic.

No active epistaxis or bleeding gums.

**Neck:**

Supple. No masses. No lymphadenopathy.

**Lungs:**

• No intercostal inspiratory retraction was observed. Clear to auscultation bilaterally • No Wheezing was heard.

• No Rhonchi were heard. • No rales/crackles heard.

**Cardiovascular system:**

Heart Rate And Rhythm: ° Normal.

Heart Sounds: ° S1 normal. ° S2 normal.

Murmurs: ° No murmurs were heard.

Arterial Pulses: ° Normal.

Edema: ° Not present.

**Abdomen:**

Visual Inspection: Normal. ° Abdomen was not distended.

Auscultation: ° Bowel sounds were normal.

Palpation: ° Abdomen was soft. ° No abdominal tenderness. ° No mass was palpated in the abdomen.

Hepatic Findings: ° Liver was not enlarged.

Splenic Findings: ° Spleen was not enlarged.

**Neurological:**

° Level of consciousness was normal.

**Psychiatric Exam:**

° Affect was normal.

**Skin:**

° Turgor was normal. ° Showed no generalized erythema. ° Showed no ecchymosis.

**Lab Results**

CBC W/Diff+Reticulocytes		Site/Specimen	29 Nov 2012 1037	Units	Ref Rng
WBC	BLOOD	5.4 <->	x10(3)/mcL	(4.5-12.5)	
RBC	BLOOD	3.83	x10(6)/mcL	(3.8-5.3)	
Hemoglobin	BLOOD	9.7 (L)	g/dL	(11.5-15.0)	
Hematocrit	BLOOD	30.8 (L)	%	(36.0-47.0)	
MCV	BLOOD	80.6	fL	(80.0-96.0)	
MCH	BLOOD	25.4	pg	(23.0-34.0)	
MCHC	BLOOD	31.5	g/dL	(31.0-37.0)	
RDW	CVBLOOD	25.7 (H)	%	(11.5-14.5)	
Platelets	BLOOD	347	x10(3)/mcL	(150-450)	
MPV	BLOOD	8.4	fL	(7.4-10.4)	
Neutrophils	BLOOD	33.0	%	(25.5-52.0)	
Basophils	BLOOD	0.0	%	(0-2)	
Lymphocytes	BLOOD	61.0 (H)	%	(33.0-45.0)	
Monocytes	BLOOD	5.0	%	(0-7.0)	
Eosinophils	BLOOD	0.0	%	(0-5.5)	
Slide Box	BLOOD	STORED 5	SLOT #		
Comment 1	BLOOD	TARGET CELLS 3+			
Comment 2	BLOOD	ANISOCYTOSIS 2+			
Comment 3	BLOOD	SICKLE CELLS - NOTED			
Comment 4	BLOOD	POLYCHROMASIA 1+			
Comment 5	BLOOD	PLAT ADEQ			

Name/SSN: COTTEN, TONI D/602901058

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PCat: F41 USAF FAM MBR AD	Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS
MC Status: TRICARE PRIME (CHAMPUS)	PCM: VOEGELE, LAURA L
Insurance: No	Tel. PCM: 376.0402; 376.2550

**CHRONOLOGICAL RECORD OF MEDICAL CARE**

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
29 Nov 2012 1000	Facility: 81st Medical Group	Clinic: Oncology/Hematology Clinic	Provider: ROBERTS, OWEN W

WBC Estimate BLOOD WBC Estimation Performed  
 WBC Estimate BLOOD Blood smear reviewed, results verified  
 WBC Estimate BLOOD Diff/morphology microscopically verified  
 Neutrophils Band Form BLOOD 1 % (0-11)  
 Lymphocytes Atypical BLOOD 0 %  
 Nucleated RBC/100 WBC BLOOD 84 (H) /100 WBCs (0-1)  
 Cell Count BLOOD 100 WBC'S  
 Reticulocytes BLOOD 152.6 (H)x10(9)/L (18.2-143.0)  
 Reticulocytes/1000 RBCs BLOOD 4.0 (H) % (0.5-2.6)  
 Reticulocytes Immature/Total BLOOD 0.410 (H)ratio (0.163-0.362)  
 RBC BLOOD 3.83 x10(6)/mcL (3.8-5.3)

Comprehensive Metabolic Panel		Site/Specimen	29 Nov 2012 1037	Units	Ref Rng
Albumin	PLASMA	4.4	g/dL	(3.5-5.2)	
Bilirubin	PLASMA	0.9 <i>	mg/dL	(0.0-0.9)	
Calcium	PLASMA	9.3	mg/dL	(8.4-10.2)	
Carbon Dioxide	PLASMA	23.0	mmol/L	(22-29)	
Chloride	PLASMA	103	mmol/L	(98-107)	
Creatinine	PLASMA	0.4 (L) <i>	mg/dL	(0.5-1.2)	
Glucose	PLASMA	105.3	mg/dL	(70-115)	
Alkaline Phosphatase	PLASMA	63	U/L	(40-130)	
Potassium	PLASMA	3.7	mmol/L	(3.4-4.5)	
Protein	PLASMA	8.2 (H)	g/dL	(6.0-8.0)	
Sodium	PLASMA	137	mmol/L	(136-145)	
Alanine Aminotransferase	PLASMA	12	U/L	(10-50)	
Aspartate Aminotransferase	PLASMA	26	U/L	(10-50)	
Urea Nitrogen	PLASMA	4.9 (L)	mg/dL	(6-20)	

Hemoglobin Electrophoresis Panel		Site/Specimen	06 Sep 2012 1033	Units	Ref Rng
Hemoglobin A	BLOOD	0.0 (L) %	94.5-98.2		
Hemoglobin S	BLOOD	76.8 %			
Hemoglobin A2	BLOOD	5.7 (H) %	1.8-3.5		
Hemoglobin F	BLOOD	17.5 (H) %	0.0-2.0		
Pathologist Review	EP	BLOOD	SEE <r> <i>		
Sickle Cell Screen	BLOOD	POSITIVE (H)			

Comprehensive Metabolic Panel		Site/Specimen	06 Sep 2012 1033	Units	Ref Rng
Albumin	PLASMA	4.5	g/dL	(3.5-5.2)	
Bilirubin	PLASMA	0.8 <i>	mg/dL	(0.0-0.9)	
Calcium	PLASMA	9.3	mg/dL	(8.4-10.2)	
Carbon Dioxide	PLASMA	18.4 (L)	mmol/L	(22-29)	
Chloride	PLASMA	105	mmol/L	(98-107)	
Creatinine	PLASMA	0.5 <i>	mg/dL	(0.5-1.2)	
Glucose	PLASMA	79.1	mg/dL	(70-115)	
Alkaline Phosphatase	PLASMA	77	U/L	(40-130)	
Potassium	PLASMA	4.2	mmol/L	(3.4-4.5)	
Protein	PLASMA	8.3 (H)	g/dL	(6.0-8.0)	
Sodium	PLASMA	138	mmol/L	(136-145)	
Alanine Aminotransferase	PLASMA	12	U/L	(10-50)	
Aspartate Aminotransferase	PLASMA	28	U/L	(10-50)	
Urea Nitrogen	PLASMA	5.4 (L)	mg/dL	(6-20)	

CBC W/Diff		Site/Specimen	06 Sep 2012 1033	Units	Ref Rng
WBC	BLOOD	6.7	x10(3)/mcL	(4.5-12.5)	

Name/SSN: COTTEN, TONI D/602901058

FMP/SSN: 02/417173405  
 DOB: 27 Dec 1994  
 PCat: F41 USAF FAM MBR AD  
 MC Status: TRICARE PRIME (CHAMPUS)  
 Insurance: No

Sex: F  
 Tel H: 228-424-5975  
 Tel W:  
 CS:  
 Status:

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
 Rank: MASTER SERGEANT  
 Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)  
 Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS  
 PCM: VOEGELE, LAURA L  
 Tel. PCM: 376.0402; 376.2550

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
29 Nov 2012 1000	Facility: 81st Medical Group	Clinic: Oncology/Hematology Clinic	Provider: ROBERTS, OWEN W

RBC BLOOD 3.53 (L) x10(6)/mcL (3.8-5.3)  
Hemoglobin BLOOD 9.1 (L) g/dL (11.5-15.0)  
Hematocrit BLOOD 28.1 (L) % (36.0-47.0)  
MCV BLOOD 79.7 (L) fL (80.0-96.0)  
MCH BLOOD 25.7 pg (23.0-34.0)  
MCHC BLOOD 32.2 g/dL (31.0-37.0)  
RDW CVBLOOD 24.5 (H) % (11.5-14.5)  
Platelets BLOOD 310 x10(3)/mcL (150-450)  
MPV BLOOD 8.3 fL (7.4-10.4)  
Neutrophils BLOOD 39.0 % (25.5-52.0)  
BasophilsBLOOD 1.0 % (0-2)  
Lymphocytes BLOOD 48.0 (H) % (33.0-45.0)  
Monocytes BLOOD 12.0 (H) % (0-7.0)  
Eosinophils BLOOD 0.0 % (0-5.5)  
Anisocytosis BLOOD 2+  
Slide BoxBLOOD STORED 8 SLOT #  
CommentBLOOD TARGET CELLS 2+  
Comment 2 BLOOD SICKLE CELLS 1+  
Comment 3 BLOOD POLYCHROMASIA 1+  
Comment 4 BLOOD BASO STP - NOTED -A- <r>  
Comment 5 BLOOD PLAT ADEQ  
WBC Estimate BLOOD WBC Estimation Performed  
WBC Estimate BLOOD Blood smear reviewed, results verified  
WBC Estimate BLOOD Diff/morphology microscopically verified  
Cell Count BLOOD 100 WBC'S

Hemoglobin Electrophoresis Panel	Site/Specimen	06 Aug 2012 1357 Units	Ref Rng
Hemoglobin A	BLOOD 0.0 (L) %	94.5-98.2	
Hemoglobin S	BLOOD 76.0 %		
Hemoglobin A2	BLOOD 5.5 (H) %	1.8-3.5	
Hemoglobin F	BLOOD 18.5 (H) %	0.0-2.0	
Pathologist Review	EP BLOOD SEE <> <i>		
Sickle Cell Screen	BLOOD POSITIVE (H)		

Viscosity Site/Specimen	06 Aug 2012 1357 Units	Ref Rng
Viscosity SERUM 1.7	1.5-1.9	

A/P

**1. SICKLE CELL THALASSEMIA:**

Pt presents, as above, for follow-up of her known HgbS/Beta (0) thalassemia. Patient remains on Hydrea, which she has been on chronically, and seems to be more compliant with her medication than in the past. Hgb F ~17-18% on recent checks. Despite this, however, patient having worsening hip symptoms (R>>L) as noted in note above. Patient has already contacted Orthopedics for a follow-up appt to evaluate this pain, but will also place consult today to help facilitate this as well. In addition to seeing Ortho, will also increase pts Hydrea dose from 1000 mg PO daily to 1500 mg PO daily, and will have patient follow-up again in ~1 month. Pt to have labs done today and again prior to her next appt in 1 month.

-- Placed consult for patient to undergo evaluation by Orthopedics in light of her worsening hip pain (after previously requiring left hip surgery related to complications from her sickle cell)

-- Increased Hydrea dose from 1000 mg PO daily to 1500 mg PO daily

**Name/SSN: COTTEN, TONI D/602901058**

Sex: F	Sponsor/SSN: BARTEE, LYNNITA M/417173405
FMP/SSN: 02/417173405	Rank: MASTER SERGEANT
DOB: 27 Dec 1994	Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)
PCat: F41 USAF FAM MBR AD	Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS
MC Status: TRICARE PRIME (CHAMPUS)	PCM: VOEGELE, LAURA L
Insurance: No	Tel. PCM: 376.0402; 376.2550

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
29 Nov 2012 1000	Facility: 81st Medical Group	Clinic: Oncology/Hematology Clinic	Provider: ROBERTS, OWEN W

- Patient to continue taking daily folate supplementation (1 mg PO daily)
- Ordered repeat labs (CBC, CMP, Hgb electrophoresis) to be done today and again in Jan 2013
- Patient to follow-up in Hem-Onc clinic again in 1 month (i.e. early Jan 2013)

Signed By ROBERTS, OWEN W (Owen Roberts, Maj, USAF, MC, 81 MDG, Hematology-Oncology) @ 04 Dec 2012 0746

Name/SSN: COTTEN, TONI D/602901058

FMP/SSN: 02/417173405	Sex: F	Sponsor/SSN: BARTEE, LYNNITA M/417173405
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Insurance: No	Status:	PCM: VOEGELE, LAURA L
		Tel. PCM: 376.0402; 376.2550

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CHRONOLOGICAL RECORD OF MEDICAL CARE  
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USA -45 076

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: COTTEN, TONI D  
Treatment Facility: 81ST MEDICAL  
GROUP  
Patient Status: Outpatient

Date: 06 Sep 2012 1000 CDT  
Clinic: ONCOLOGY/HEMATOLOGY  
CLINIC

Appt Type: EST  
Provider: ROBERTS, OWEN W

AutoCites Refreshed by ROBERTS, OWEN W @ 06 Sep 2012 1005 CDT \*\*Data in Autocites may be incomplete\*\*

Allergies  
•No Known Allergies

Vitals  
No Vitals Found.

\*\*Limited System Patient Data at time of Encounter\*\*

Reason for Appointment:  
1 Month Follow Up  
Appointment Comments:  
KMD

G0 P0. LMP: 02 Jun 2012.

Vitals

Vitals Written by WARREN, STACIM @ 06 Sep 2012 1035 CDT

BP: 110/73, HR: 79, T: 98.5 °F, HT: 64 in, WT: 113 lbs, SpO<sub>2</sub>: 98%, BMI: 19.4, BSA: 1.535 square meters,  
Tobacco Use: No, Alcohol Use: No, Pain Scale: 0 Pain Free

A/T Written by ROBERTS, OWEN W @ 10 Sep 2012 2321 CDT

1. Sickie cell thalassemia

Laboratory(ies): -CBC W/DIFF/RETIC PANEL (Routine); COMPREHENSIVE METABOLIC PANEL (Routine); HGB  
ELECTROPHORESIS PANEL (Routine)

Disposition Written by ROBERTS, OWEN W @ 10 Sep 2012 2321 CDT

Released w/o Limitations

Follow up: 2 month(s) in the ONCOLOGY/HEMATOLOGY CLINIC clinic or sooner if there are problems.

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Note Written by ROBERTS, OWEN W @ 10 Sep 2012 2320 CDT

Chief Complaint

Follow-up Sickie-Beta (0) Thalassemia

History of present illness

17 year old female with known Sickie-Beta (0) Thalassemia, previously seen here at Keesler by Pediatric Hematology, but who had her initial evaluation (by me) last month and presents today for routine follow-up. At that visit, pt, who had been prescribed 1500 mg daily of Hydrea, but who had not been taking it (by her own admission), was counseled strongly on taking her prescribed meds and had Hydrea dose changed to 1000 mg daily. Pt reports taking the medication as prescribed (in general) since that prior visit, although she does note missing ~3 doses in the last month. Pt notes having some minor joint/bone aches in last month (including some intermittent, albeit brief, short-lived) chest symptoms. Pt does also noted some right hip pain and reports she is going to follow-up with Orthopedics (who have seen the pt previously) for this. No noted fevers or chills. No shortness of breath. No bleeding symptoms. Pt denies any problems with the Hydrea, including no fatigue, mouth sores, diarrhea or other symptoms.

Past medical/surgical history

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Insurance: No  
Tel H: 228-424-5975  
Tel W:  
CS:  
Status:

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
Rank: MASTER SERGEANT  
Unit: FFHVO (0060 OPERATIONS SUPPORT SQ)  
Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS  
PCM: VOEGELE, LAURA L  
Tel. PCM: 376.0402/376.2550

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CHRONOLOGICAL RECORD OF MEDICAL CARE

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USA - 46

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
06 Sep 2012 1000	Facility: 81st Medical Group	Clinic: Oncology/Hematology Clinic	Provider: ROBERTS, OWEN W

Sickle cell anemia

- Pt has reportedly auto-infarcted her spleen
- Pt has received ~5 units of pRBCs previously

Headaches/migraines

- Has been put on Topamax by a Neurologist

Decompression of left femoral head following AVN (Feb 2012)

Wisdom teeth removal.

Allergies: NKDA

Medications:

*Pt has not been taking any of these meds recently:*

- Hydroxyurea 1500mg PO daily (4 yrs)
- Singulair 10mg PO daily
- Folic acid 1mg PO daily
- Motrin 600mg PO q4-6h PRN pain
- Tylenol PO PRN abdominal pain
- Topamax 25mg PO daily
- Estradiol+Norelgestromen patch [last used for 2 weeks from 30 May 2012 through 13 Jun 2012]
- Vitamin D/Calcium (400 units/600mg) PO daily
- Tylenol #3 1 tab PO q4-6h PRN pain not relieved by Motrin

Social history

Tobacco: None.

EtOH: None.

Family History

Pts father had sickle cell trait, and Mother has thalassemia trait.

Review of systems

**Systemic symptoms:** No fever, no chills, and no night sweats. No recent wt changes. No new lumps or bumps.

**Head symptoms:** No headache.

**Eye symptoms:** No worsening vision.

**Cardiovascular symptoms:** No chest pain or discomfort and no palpitations. No limb swelling.

**Pulmonary symptoms:** No dyspnea. No cough.

**Gastrointestinal symptoms:** Normal appetite, no nausea, no vomiting, no abdominal pain, no bright red blood per rectum, and no diarrhea or constipation.

**Genitourinary symptoms:** No hematuria. No incontinence.

**Neurological symptoms:** No limb weakness and no tingling of the feet.

**Hematologic:** No easy bruising or easy bleeding. No bleeding gums. No epistaxis.

**Psychological symptoms:** Energy normal. Mood "fine."

**Skin symptoms:** No skin lesions and no rash.

Physical findings

**Vital signs:**

- ° Current vital signs reviewed. See above in AHLTA note.

**General appearance:**

- ° Awake. ° Alert. ° Oriented to time, place, and person. ° Well developed. ° Well nourished. ° In no acute distress.

**HEENT:**

PERRL, EOMI.

Name/SSN: COTTEN, TONI D/602901058

FMP/SSN: 02/417173405	Sex: F	Sponsor/SSN: BARTEE, LYNNITA M/417173405
DOB: 27 Dec 1994	Tel H: 228-424-5975	Rank: MASTER SERGEANT
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Insurance: No	Status:	PCM: VOEGELE, LAURA L
		Tel. PCM: 376.0402;376.2550

CHRONOLOGICAL RECORD OF MEDICAL CARE

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
06 Sep 2012 1000	Facility: 81st Medical Group	Clinic: Oncology/Hematology Clinic	Provider: ROBERTS, OWEN W

Normocephalic. Atraumatic.  
No active epistaxis or bleeding gums.

**Neck:**

Supple. No masses. No lymphadenopathy.

**Lungs:**

- No intercostal inspiratory retraction was observed. Clear to auscultation bilaterally • No Wheezing was heard.
- No Rhonchi were heard. • No rales/crackles heard.

**Cardiovascular system:**

Heart Rate And Rhythm: ° Normal.  
Heart Sounds: ° S1 normal. ° S2 normal.  
Murmurs: ° No murmurs were heard.  
Arterial Pulses: ° Normal.  
Edema: ° Not present.

**Abdomen:**

Visual Inspection: Normal. ° Abdomen was not distended.  
Auscultation: ° Bowel sounds were normal.  
Palpation: ° Abdomen was soft. ° No abdominal tenderness. ° No mass was palpated in the abdomen.  
Hepatic Findings: ° Liver was not enlarged.  
Splenic Findings: ° Spleen was not enlarged.

**Neurological:**

° Level of consciousness was normal.

**Psychiatric Exam:**

° Affect was normal.

**Skin:**

° Turgor was normal. ° Showed no generalized erythema. ° Showed no ecchymosis.

**Lab Results**

Hemoglobin Electrophoresis Panel Site/Specimen 06 Aug 2012 1357				Units	Ref Rng
Hemoglobin A	BLOOD	0.0 (L)	%	94.5-98.2	
Hemoglobin S	BLOOD	76.0	%		
Hemoglobin A2	BLOOD	5.5 (H)	%	1.8-3.5	
Hemoglobin F	BLOOD	18.5 (H)	%	0.0-2.0	
Pathologist Review EP	BLOOD	SEE <> <i>			
Sickle Cell Screen	BLOOD	POSITIVE (H)			

Viscosity	Site/Specimen 06 Aug 2012 1357	Units	Ref Rng
Viscosity	SERUM	1.7	1.5-1.9

Comprehensive Metabolic Panel W/GFR Site/Specimen 06 Aug 2012 1357				Units	Ref
<b>Rng</b>					
Albumin	PLASMA	4.6	g/dL	(3.5-5.2)	
Bilirubin	PLASMA	1.0 (H) <i>	mg/dL	(0.0-0.9)	
Calcium	PLASMA	9.9	mg/dL	(8.4-10.2)	
Carbon Dioxide	PLASMA	22.1	mmol/L	(22-29)	
Chloride	PLASMA	101	mmol/L	(98-107)	
Creatinine	PLASMA	0.4 (L) <i>	mg/dL	(0.5-1.2)	
Glucose	PLASMA	74.4	mg/dL	(70-115)	
Alkaline Phosphatase	PLASMA	84	U/L	(40-130)	
Potassium	PLASMA	3.8	mmol/L	(3.4-4.5)	
Protein	PLASMA	8.7 (H)	g/dL	(6.0-8.0)	
Sodium	PLASMA	135 (L)	mmol/L	(136-145)	
Alanine Aminotransferase	PLASMA	16	U/L	(10-50)	
Aspartate Aminotransferase	PLASMA	31	U/L	(10-50)	
Urea Nitrogen	PLASMA	4.6 (L)	mg/dL	(6-20)	

Name/SSN: COTTEN, TONI D/602901058

Sex: F  
FMP/SSN: 02/417173405  
DOB: 27 Dec 1994  
PCat: F41 USAF PAM MBR AD  
MC Status: TRICARE PRIME (CHAMPUS)  
Insurance: No

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
Rank: MASTER SERGEANT  
Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)  
Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS  
PCM: VOEGELE, LAURA L  
Tel. PCM: 376.0462; 376.2550

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CHRONOLOGICAL RECORD OF MEDICAL CARE  
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06 Sep 2012 1000	Facility: 81st Medical Group	Clinic: Oncology/Hematology Clinic	Provider: ROBERTS, OWEN W

Anion Gap	PLASMA	12.4	mmol/L	
GFR Black	PLASMA	>60		(SEE-INTERP)
GFR Non-Black	PLASMA	>60 <i>		(SEE-INTERP)
Urea Nitrogen/Creatinine	PLASMA	11.2		ratio

CBC W/Diff+Reticulocytes	Site/Specimen	06 Aug 2012 1357	Units	Ref Rng
WBC BLOOD	7.2	x10(3)/mcL	(4.5-12.5)	
RBC BLOOD	3.63 (L)	x10(6)/mcL	(3.8-5.3)	
Hemoglobin	BLOOD	8.8 (L)	g/dL	(11.5-15.0)
Hematocrit	BLOOD	26.7 (L)	%	(36.0-47.0)
MCVBLOOD	73.5 (L)	fL	(80.0-96.0)	
MCHBLOOD	24.1	pg	(23.0-34.0)	
MCHC	BLOOD	32.7	g/dL	(31.0-37.0)
RDW CV	BLOOD	22.8 (H)	%	(11.5-14.5)
Platelets	BLOOD	435	x10(3)/mcL	(150-450)
MPVBLOOD	8.2	fL	(7.4-10.4)	
Neutrophils	BLOOD	37.0	%	(25.5-52.0)
Lymphocytes	BLOOD	47.0 (H)	%	(33.0-45.0)
Monocytes	BLOOD	13.0 (H)	%	(0-7.0)
Microcytes	BLOOD	1+		
Hypochromia	BLOOD	1+		
Anisocytosis	BLOOD	1+		
Slide Box	BLOOD	STORED 10	SLOT #	
Comment	BLOOD	POLYCHROMASIA 2+		
Comment 2	BLOOD	TARGET CELLS 2+		
Comment 3	BLOOD	SICKLE CELLS - NOTED		
Comment 4	BLOOD	PLAT ADEQ		
WBC Estimate	BLOOD	WBC Estimation Performed		
WBC Estimate	BLOOD	Diff/morphology microscopically verified		
Lymphocytes Atypical	BLOOD	3	%	
Nucleated RBC/100 WBC	BLOOD	81 (H)	/100 WBCs	(0-1)
Cell Count	BLOOD	100	WBC'S	
Reticulocytes	BLOOD	208.8 (H)	x10(9)/L	(18.2-143.0)
Reticulocytes/1000 RBCs	BLOOD	5.8 (H)	%	(0.5-2.6)
Reticulocytes Immature/Total	BLOOD	0.380 (H)	ratio	(0.163-0.362)
RBC BLOOD	3.63 (L)	x10(6)/mcL	(3.8-5.3)	

A/P

## 1. SICKLE CELL THALASSEMIA:

Pt presents, as above, for follow-up of her known HgbS/Beta (0) thalassemia, after her initial visit in the adult Hematology clinic last month. Even despite not being compliant w/ her Hydrea previously (by pts own report), her Hgb electrophoresis done after her last visit still showed a Hgb F% of 18.5%. Some mild symptoms noted over the last month, but no significant exacerbations/pain crises noted. Pt also being more compliant, per her report, with taking her Hydrea and reports she will continue to do so. Pt planning to follow-up with Ortho about her hip pain, which she has had previously.

- Pt to continue Hydrea at current dose (1000 mg daily) for now
- Will continue to check monthly labs (including CBC and CMP) as part of pts monitoring while receiving this drug, but will see pt back in follow-up (in the Hem-Onc clinic) in 2 months (or sooner as needed)
- Will check repeat labs today (to include CBC, CMP, and Hgb electrophoresis)

Name/SSN: COTTEN, TONI D/602901058

FMP/SSN: 02/417173405	Sex: F
DOB: 27 Dec 1994	Tel H: 228-424-5975
PCat: F41 USAF FAM MBR AD	Tel W:
MC Status: TRICARE PRIME (CHAMPUS)	CS:
Insurance: No	Status:

Sponsor/SSN: BARTEE, LYNNITA M/417173405
Rank: MASTER SERGEANT
Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)
Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS
PCM: VOEGELELAURA L
Tel. PCM: 376.0402,376.2550

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## CHRONOLOGICAL RECORD OF MEDICAL CARE

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
06 Sep 2012 1000	Facility: 81st Medical Group	Clinic: Oncology/Hematology Clinic	Provider: ROBERTS, OWEN W

Signed By ROBERTS, OWEN W (Owen Roberts, Maj, USAF, MC, 81 MDG, Hematology-Oncology) @ 10 Sep 2012 2322

Name/SSN: COTTEN, TONI D/602901058

Sex: F	Sponsor/SSN: BARTEE, LYNNITA M/417173405
FMP/SSN: 02/417173405	Rank: MASTER SERGEANT
DOB: 27 Dec 1994	Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)
PCat: F41 USAF FAM MBR AD	Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS
MC Status: TRICARE PRIME (CHAMPUS)	PCM: VOEGELE, LAURA L
Insurance: No	Tel. PCM: 376.0402.376.2550

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CHRONOLOGICAL RECORD OF MEDICAL CARE

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## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: COTTEN, TONI D  
Treatment Facility: 81ST MEDICAL  
GROUP  
Patient Status: Outpatient

Date: 06 Aug 2012 1300 CDT  
Clinic: ONCOLOGY/HEMATOLOGY  
CLINIC

Appt Type: SPEC  
Provider: ROBERTS, OWEN W

AutoCites Refreshed by ROBERTS, OWEN W @ 06 Aug 2012 1312 CDT \*\*Data in Autocites may be incomplete\*\*

Allergies  
•No Known Allergies

Vitals  
No Vitals Found.

\*\*Limited System Patient Data at time of Encounter\*\*

Reason for Appointment:  
Sickle cell anemia on HU therapy  
Appointment Comments:  
KMD

G0 P0. LMP: 02 Jun 2012.

Vitals

Vitals Written by WARREN, STACIM @ 06 Aug 2012 1312 CDT

BP: 121/84, HR: 91, T: 98.7 °F, HT: 64 in, WT: 115.3 lbs, SpO<sub>2</sub>: 100%, BMI: 19.79, BSA: 1.548 square meters.

Tobacco Use: No, Alcohol Use: No, Pain Scale: 0 Pain Free

A/P Written by ROBERTS, OWEN W @ 08 Aug 2012 2128 CDT

1. Sickle cell thalassemia

Medication(s): -IBUPROFEN 600MG--PO 600MG TAB - T1 TAB PO Q6H PRN FOR PAIN #60 RF3 Qt: 60 Rf: 3  
Laboratory(ies): -HGB ELECTROPHORESIS PANEL (Routine); CBC W/DIFF/RETIC PANEL (Routine); CMP WITH GFR  
(Routine); VISCOSITY (Routine)

Disposition Written by ROBERTS, OWEN W @ 08 Aug 2012 2129 CDT

Released w/o Limitations

Follow up: 3 month(s) in the ONCOLOGY/HEMATOLOGY CLINIC clinic or sooner if there are problems.

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Note Written by DRUNZER, KYLE M @ 06 Aug 2012 1306 CDT

Consult Order

Referring Provider: STERING, ALLEN I  
Date of Request: 12 Jul 2012  
Priority: Routine

Provisional Diagnosis:

Sickle cell anemia on HU therapy

Reason for Request:

17.5y/o with sickle cell anemia on HU therapy with poor compliance. Recent AVN of hip now s/p surgical decompression. Needs to transition care as current provider is PCSing.

Note Written by ROBERTS, OWEN W @ 08 Aug 2012 2127 CDT

Chief Complaint

Sickle-Beta (0) Thalassemi (initial visit in this clinic)

Name/SSN: COTTEN, TONI D/602901058

Sex: F  
FMP/SSN: 02/417173405  
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PCat: F41 USAF FAM MBR AD  
MC Status: TRICARE PRIME (CHAMPUS)  
Insurance: No  
Tel H: 228-424-5975  
Tel W:  
CS:  
Status:

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
Rank: MASTER SERGEANT  
Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)  
Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS  
PCM: VOEGELE, LAURA L  
Tel. PCM: 376.0402; 376.2550

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CHRONOLOGICAL RECORD OF MEDICAL CARE

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
06 Aug 2012 1300	Facility: 81st Medical Group	Clinic: Oncology/Hematology Clinic	Provider: ROBERTS, OWEN W

History of present illness

17 year old female with known Sickle-Beta (0) Thalassemia, previously seen here at Keesler by Pediatric Hematology, who presents today for evaluation and establishment of care here in the adult Hematology-Oncology clinic here at Keesler (as a result of the departure of the pediatric hematologist). Pt has been on Hydrea therapy previously, although she is noted in multiple prior clinic notes to have a history of noncompliance (which she readily admits to). Pt reports having previously had up to 2 episodes of Acute Chest Syndrome per year, but pt reports not having such an episode since late 2010. Earlier this year (~Feb 2012), pt suffered avascular necrosis of her left femoral head/hip, for which she underwent decompression at the time. Subsequently, in May 2012, pt had a pain crisis involving the opposite hip. Pt also has more minor sickle/pain crises (i.e bone pain) at times. Pt normally takes motrin for her pains. She notes having moved recently with her family to Quitman, MS. Pt has previously auto-infarcted her spleen; she is reportedly up-to-date on all of her vaccinations. No recent fevers, chills, or night sweats. No bleeding symptoms. No chest pain or shortness of breath recently. Pt reports not taking any of her medications (including her Hydrea) in the last few months.

Past medical/surgical history

Sickle cell anemia

- Pt has reportedly auto-infarcted her spleen
- Pt has received ~5 units of pRBCs previously

Headaches/migraines

- Has been put on Topamax by a Neurologist

Decompression of left femoral head following AVN (Feb 2012)

Wisdom teeth removal.

Allergies: NKDA

Medications:

*Pt has not been taking any of these meds recently:*

- Hydroxyurea 1500mg PO daily (4 yrs)
- Singulair 10mg PO daily
- Folic acid 1mg PO daily
- Motrin 600mg PO q4-6h PRN pain
- Tylenol PO PRN abdominal pain
- Topamax 25mg PO daily
- Estradiol+Norelgestromen patch [last used for 2 weeks from 30 May 2012 through 13 Jun 2012]
- Vitamin D/Calcium (400 units/600mg) PO daily
- Tylenol #3 1 tab PO q4-6h PRN pain not relieved by Motrin

Social history

Tobacco: None.

EtOH: None.

Family History

Pts father had sickle cell trait, and Mother has thalassemia trait.

Review of systems

**Systemic symptoms:** No fever, no chills, and no night sweats. No recent wt changes. No new lumps or bumps.

**Head symptoms:** No headache.

Name/SSN: COTTEN, TONI D/602901058

Sex: F  
FMP/SSN: 02/417173405  
DOB: 27 Dec 1994  
PCat: F41 USAF FAM MBR AD  
MC Status: TRICARE PRIME (CHAMPUS)  
Insurance: No

Tel H: 228-424-5975  
Tel W:  
CS:  
Status:

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
Rank: MASTER SERGEANT  
Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)  
Outpt Rec. Rm: 10 KEESLER OUTPATIENT RECORDS  
PCM: VOEGELE, LAURA L  
Tel. PCM: 376.0402;376.2550

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## CHRONOLOGICAL RECORD OF MEDICAL CARE

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
06 Aug 2012 1300	Facility: 81st Medical Group	Clinic: Oncology/Hematology Clinic	Provider: ROBERTS, OWEN W

Eye symptoms: No worsening vision.  
 Cardiovascular symptoms: No chest pain or discomfort and no palpitations. No limb swelling.  
 Pulmonary symptoms: No dyspnea. No cough.  
 Gastrointestinal symptoms: Normal appetite, no nausea, no vomiting, no abdominal pain, no bright red blood per rectum, and no diarrhea or constipation.  
 Genitourinary symptoms: No hematuria. No incontinence.  
 Neurological symptoms: No limb weakness and no tingling of the feet.  
 Hematologic: No easy bruising or easy bleeding. No bleeding gums. No epistaxis.  
 Psychological symptoms: Energy normal. Mood "fine."  
 Skin symptoms: No skin lesions and no rash.

#### Physical findings

##### Vital signs:

° Current vital signs reviewed. See above in AHLTA note.

##### General appearance:

° Awake. ° Alert. ° Oriented to time, place, and person. ° Well developed. ° Well nourished. ° In no acute distress.

##### HEENT:

PERRL EOML

Normocephalic. Atraumatic.

No active epistaxis or bleeding gums.

##### Neck:

Supple. No masses. No lymphadenopathy.

##### Lungs:

• No intercostal inspiratory retraction was observed. Clear to auscultation bilaterally • No Wheezing was heard.

• No Rhonchi were heard. • No rales/crackles heard.

##### Cardiovascular system:

Heart Rate And Rhythm: ° Normal.

Heart Sounds: ° S1 normal. ° S2 normal.

Murmurs: ° No murmurs were heard.

Arterial Pulses: ° Normal.

Edema: ° Not present.

##### Abdomen:

Visual Inspection: Normal. ° Abdomen was not distended.

Auscultation: ° Bowel sounds were normal.

Palpation: ° Abdomen was soft. ° No abdominal tenderness. ° No mass was palpated in the abdomen.

Hepatic Findings: ° Liver was not enlarged.

Splenic Findings: ° Spleen was not enlarged.

##### Neurological:

° Level of consciousness was normal.

##### Psychiatric Exam:

° Affect was normal.

##### Skin:

° Turgor was normal. ° Showed no generalized erythema. ° Showed no ecchymosis.

#### A/P

#### 1. SICKLE CELL THALASSEMIA:

Pt presents, as above, for establishment of care in this clinic for continued follow-up for and management of her known HgbS/Beta (0) thalassemia. As previously indicated, pt has been put on Hydrea in the past, but she has a h/o non-compliance with the drug (along with her other medications) for the past few months. Patient previously had some concerns about Hydrea causing her to have cramps, but it was previously decided that those symptoms were not related to the drug (and, otherwise, pt seems to have previously tolerated Hydrea).

Counseled pt about the importance of her taking the Hydrea regularly, including all of the potential benefits including decreasing pain crises, decreasing hospital admissions, and even improved mortality. She reports she will take it. Pt previously prescribed

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 Insurance: No

Sex: F  
 Tel H: 228-424-5975  
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 CS:  
 Status:

Sponsor/SSN: BARTEE, LYNNITA M/417173405  
 Rank: MASTER SERGEANT  
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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
06 Aug 2012 1300	Facility: 81st Medical Group	Clinic: Oncology/Hematology Clinic	Provider: ROBERTS, OWEN W

1500 mg daily, but did not take it regularly at that dose. Will have pt start taking 1000 mg of HYdrea daily with hopes that perhaps she will be more compliant with that dose.

-- Restart pts Hydrea (which she has not been taking) at a dose of 1000 mg daily; will plan to check monthly labs (including CBC and CMP) as part of pts monitoring while receiving this drug

-- Will check the following labs today (to serve as a baseline)

CBC  
 CMP  
 Hgb Electrophoresis (to check Hgb S and Hgb F percentages)  
 Serum viscosity

-- Will re-fill pts ibuprofen prescription for her pain (600 mg PO Q6h PRN pain)

-- Pt to follow-up in Hem-Onc clinic at least Q3months (but will continue to have monthly labs, as noted above)

Signed By ROBERTS, OWEN W (Owen Roberts, Maj, USAF, MC, 81 MDG, Hematology-Oncology) @ 08 Aug 2012 2129

Name/SSN: COTTEN, TONI D/602901058

FMP/SSN: 02/417173405	Sex: F	Sponsor/SSN: BARTEE, LYNNITA M/417173405
DOB: 27 Dec 1994	Tel H: 228-424-5975	Rank: MASTER SERGEANT
PCat: F41 USAF FAM MBR AD	Tel W:	Unit: FFHV0 (0060 OPERATIONS SUPPORT SQ)
MC Status: TRICARE PRIME (CHAMPUS)	CS:	Outpt Rec. Rm: 16 KEESLER OUTPATIENT RECORDS
Insurance: No	Status:	PCM: VOEGELE, LAURA L
		Tel. PCM: 376.0402;376.2550

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